# NATIONAL MULTISECTORAL ACTION FRAMEWORK FOR TB-FREE INDIA

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# Executive Summary

Tuberculosis (TB) is a major obstacle to India's human and economic development. India has the world's highest TB burden with an estimated 28 lakh people contracting the disease. TB is also the third leading cause of death killing 4.2 lakh people every year in India. Apart from being a public health problem, TB is also associated with poor socio-economic development, marginalization and exploitation. The actions required to tackle the socio-economic and structural determinants of TB lie beyond the purview of the health sector alone, calling for a harmonized multisectoral response.

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. It is a guide for policymakers and a call-to-action for communities, civil society, private sector and other partners and stakeholders. It identifies the key areas and mechanisms of alignment and presents a concrete roadmap for harnessing existing expertise across sectors and institutions.

The overarching goal is to strengthen country's capacity for multisectoral response that facilitates the TB Elimination by 2025. The key objectives are to achieve policy convergence and adopt a health-in-all approach. The multisectoral action framework highlights the following six key strategic areas for integrated action:

i. Integrate TB in Healthcare Service Delivery
ii. TB-Free Workplaces
iii. Socio-economic Support to Patients
iv. Awareness Generation and Infection Control
v. Corporate Social Responsibility and Investments in TB
vi. Targeted Interventions for Key Populations

The Framework also identifies the key cross-cutting functions to support actions under these strategic areas. Mechanisms for implementation along with a structure to fix accountability and monitor progress is proposed. Roles of various stakeholders are elaborated, providing guidance-for-action to decision-makers across sectors. Examples from India as well as other countries are featured for illustrating collaborative principles of multisectoral solutions.

Multisectoral coordination have the potential to be sustainable models of mutually beneficial collaboration that transform societies. This framework therefore aims to guide the development partners to transcend their traditional sectoral boundaries and make TB elimination in India a societal priority.

This framework needs to be supplemented with Standard Operating Procedures and guidelines for efficient implementation.

# Glossary of Terms

| | |
|---|---|
| AFMS | Armed Forces Medical Services |
| AIR | All-India Radio |
| AMR | Anti-Microbial resistance |
| ART | Anti-Retroviral Therapy |
| ATI | Advanced Training institutes |
| AYUSH | Ayurveda, Yoga, Unani, Sidda and Homeopathy |
| BEST | Brihanmumbai Electric Supply and Transport Undertaking |
| BFP | Bolsa Familia Programme |
| CBO | Community-Based Organisations |
| CDPO | Child Development Project Officer |
| CII | Confederation of Indian Industries |
| CME | Continuing Medical Education |
| COTPA | Cigarettes and Other Tobacco Products Act, 2003 |
| CPSE | Central Public Sector Enterprises |
| CSR | Corporate Social Responsibility |
| DAY | Deendayal Antyodaya Yojana |
| DBT | Direct Benefit Transfer |
| DOTS | Directly Observed Treatment Short-Course |
| DR-TB | Drug Resistant Tuberculosis |
| ECL | Eastern Coalfields Limited |
| ESIC | Employees' Social Insurance Coporation |
| FCTC | Framework Convention of Tobacco Control |
| FICCI | Federation of Indian Chambers of Commerce and Industry |
| GOI | Government of India |
| HIV/AIDS | Human Immuno-deficiency Virus / Acquired Immunodeficiency Syndrome |
| ICPA | International Corrections and Prisons Association |
| IEC | Information Education Communication |
| ILO | International Labour Organization |
| IMPACT | Innovations and Multisectoral Partnerships to Achieve Control of Tuberculosis |
| ITI | Industrial Training Institutes |
| L&T | Larsen & Toubro |
| LoI | Letter of Intent |
| LPG | Liquefied Petroleum Gas |
| M-health | Mobile-health |
| MAS | Mahila Arogya Samiti |
| MDR | Multi drug Resistant |
| MMTBC | Mumbai Mission for TB Control |
| MNREGA | Mahatma Gandhi National Rural Employment Guarantee Scheme |
| MoEFCC | Ministry of Environment, Forest and Climate Change, Government of India |
| MoHFW | Ministry of Health and Family Welfare, Government of India |
| MoU | Memorandum of Understanding |
| NACO | National Aids Control Organization |
| NCD | Non-communicable diseases |

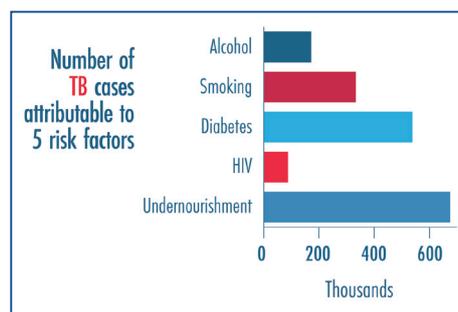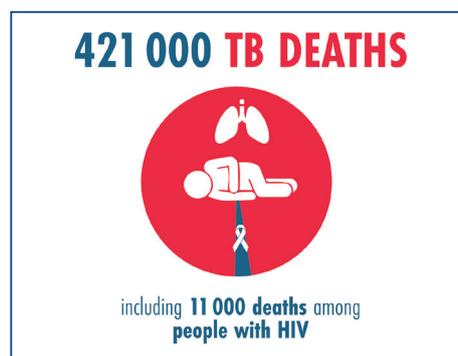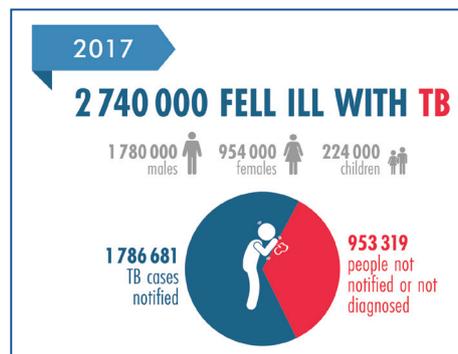| | |
|---|---|
| NGO | Non-governmental Organisation |
| NITI | National Institution for Transforming India |
| NMAP | National Multisectoral Action Plan |
| NPCDCS | National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke |
| NRLM | National Rural Livelihood Mission |
| NSS | National Service Scheme |
| NYKS | Nehru Yuva Kendra Sangathan |
| PAHO | Pan-American Health Organization |
| PDS | Public Distribution System |
| PMAY | Pradhan Mantri Awas Yojana |
| PMJDY | Pradhan Mantri Jan Dhan Yojana |
| PMJJBY | Pradhan Mantri Jeevan Jyoti Bima Yojana |
| PMSBY | Pradhan Mantri Suraksha Bima Yojana |
| PMUY | Pradhan Mantri Ujjwala Yojana |
| PPIA | Public Private Interface Agency |
| PRI | Panchayati Raj Institutions |
| PSU | Public Sector Undertakings |
| R&D | Research and Development |
| RNTCP | Revised National TB Control Programme |
| RVTI | Regional Vocational Training Institutes |
| SANAC | South African AIDS Council |
| SDG | Sustainable Development Goals |
| SHG | Self-Help Groups |
| STI | Sexually Transmitted Infections |
| TB | Tuberculosis |
| TLMTI | The Leprosy Mission Trust India |
| TPT | TB Preventive Therapy |
| TRAI | Telecom Regulatory Authority of India |
| TSP | Tribal Sub-Plan |
| UHC | Universal Health Coverage |
| UN-HLM | United Nations – High-Level Meeting |
| UNFCCC | United Nations Framework Convention on Climate Change |
| UP | Uttar Pradesh |
| US | United States |
| USAID | United States Agency for International Development |
| WHO | World Health Organization |
| XDR | Extensively drug resistant |

# Contents

# Background

Although entirely preventable and curable, Tuberculosis (TB) is still the world's largest killer infectious disease. India bears the world's highest TB burden with an estimated 55 deaths every hour.[1] India is predicted to have world's largest working population by 2020 and a disease like TB which mostly affects adults in their most productive years, poses a great risk to the country's economic growth potential. The Lancet Commission on Tuberculosis (2019) reported the value of the loss associated with tuberculosis mortality in India at an estimated US$32 billion per year.[2] Further, in spite of various efforts for the TB control in the country, most vulnerable, marginalized and high-risk populations are still largely unreached. As per WHO estimates, India has nearly a million undetected or unreported TB patients who are missed every year and potentially contribute to the spread of the disease. Increased efforts are needed not only for reaching the unreached but also for the quality of TB care to be universal and standard in terms of diagnosis, treatment, public health actions and social inclusion. India also has a significant burden of drug resistant TB (DR-TB) and TB-HIV co-morbidity with an estimated 147,000 and 87,000 annual number of cases respectively.[3] People living with HIV are 20 to 37 times more likely to develop TB disease during their lifetimes than people who are HIV-negative. Drug-resistant TB threatens to reverse the progress made towards TB elimination and, inappropriate use of antibiotics is a major cause of increased drug resistance. Therefore, efforts to tackle anti-microbial resistance (AMR) by engaging beyond the health sector are central to the End TB agenda.

India has a heterogeneous TB epidemic with the Annual Total TB notifications Rate[4] ranging from as low as 44 to as high as 523 per 100,000 population across different states. Further, uneven development of the country influenced by varying geo-political and social factors makes the situation more complex.







*Source: WHO Global Tuberculosis Report, 2018*

Tuberculosis impedes progress on nearly all Sustainable Development Goals (SDG) by disproportionately affecting the poor and vulnerable. The determinants of TB are social, economic, environmental and biological such as overcrowded living and working conditions, congregate settings such as prisons, air pollution, malnutrition and food insecurity, smoking and alcohol abuse, HIV/AIDS and diabetes mellitus etc. Poverty, linked to poor nutrition and living conditions, makes people vulnerable to TB who once diseased, get further pushed down the spiral of poverty due to loss of employment and catastrophic out-of-pocket expenditures. Poverty, is therefore both a cause and a consequence of TB. Additionally, TB stigma combined with lack of awareness constitutes a strong barrier to health-seeking behaviour and treatment adherence. Often, the social exclusion and repression due to stigma adversely affects patients' mental health and well-being. Since, these factors often lie outside the parameters of the health sector, it becomes difficult to mainstream them for TB programme action. The multi-faceted nature of TB therefore warrants collaborative and coordinated actions across sectors, industries and organizations for successfully combating this deadly disease.

Based on the internationally recommended Directly Observed Treatment Short-course (DOTS) strategy, the Revised National Tuberculosis Control Programme (RNTCP) under the Ministry of Health & Family Welfare, Government of India, was launched in 1997. The programme was expanded across the country in a phased manner and nationwide

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[1] *National Strategic Plan for Elimination of Tuberculosis 2017-2025, Government of India*
[2] *Reid MJA, Arinaminpathy N, Bloom A et al. Building a tuberculosis-free world: The Lancet Commission on tuberculosis. Lancet. 2019*
[3] *WHO Global TB Report 2017 www.who.int/tb/publications/global_report/en/*
[4] *TB India, 2017 - Revised National Tuberculosis Control Programme Annual Status Report*

coverage was achieved by March 2006. Through a health infrastructure covering all the districts across the country, RNTCP provides free diagnostic and treatment services of TB. Over the years, RNTCP has had many notable successes including that of achievement of Millennium Development Goals (MDGs) related to the Tuberculosis control in the country.

RNTCP endorsed approach of 'Universal access to TB care' aims to provide all TB patients in the community an early access to good quality TB diagnosis and treatment services. However, one of the key challenges is the limited reach of TB services, especially to the vulnerable sections of population such as daily wage labourers, migrants, slum dwellers, tribals, women and children etc. Therefore, partnership and collaboration between policy makers, practitioners, non-governmental organizations and other stakeholders across sectors is required. This will facilitate adoption of specific tools, guidelines, and activities aimed at providing quality TB services for every single patient in the country.

MoHFW has launched the Direct Benefit Transfer (DBT) scheme for nutritional support to Tuberculosis patients called as 'Nikshay Poshan Yojana' (NPY) from 1st April, 2018. The scheme has been introduced with a purpose of providing monetary assistance to TB patients for meeting their nutritional needs. The scheme is expected to reduce out-of-pocket expenditure of TB patients, increase TB notifications and motivate patients to complete full course their treatment. Under the scheme, Rs. 500 per month is transferred to the bank account of TB patients (diagnosed and notified after 1st April, 2018) for the entire duration of their treatment. One of the objectives of the inter-ministerial coordination is not only to provide an access to quality TB services to the populations served by other Ministries / Departments but also to extend such benefits available under RNTCP for holistic, patient-centric care.

# Introduction

World Health Organisation's Moscow Declaration to End TB in November 2017 recognised 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 (UN HLM) in October 2018 which reaffirmed that TB requires a comprehensive response that addresses the social and economic determinants of the epidemic through multisectoral engagement.

By launching TB-Free India campaign on 13th March, 2018 at the Delhi End TB Summit, Hon'ble Prime Minister of India reinvigorated the Government's commitment to eliminate TB by 2025, five years ahead of the global target. The Ministry of Health & Family Welfare (MoHFW) has developed a National Strategic Plan (2017-25) for elimination of TB in the Country by 2025 which outlines 'Multisectoral Action' as one of the key strategies. The Revised National Tuberculosis Control Programme has potential for synergies with other strategic national priorities. For example, household air pollution can be reduced by replacing traditional fuels for cooking with LPG provided through Pradhan Mantri Ujjwala Yojana (PMUY). This could potentially prevent an estimated 300,000 cases of tuberculosis among women and children every year . India's UHC programme - Ayushman Bharat, together with other development schemes, such as Swachh Bharat Mission, Pradhna Mantri Awas Yojana, Poshan Abhiyaan, Skill Development Programmes such as Pradhan Mantri Kaushal Vikas Yojana etc., will also complement MoHFW's efforts towards ending tuberculosis in the country. In addition to Ministries and national programmes, active engagement of non-traditional stakeholders such as Corporates, Central Public Sector Enterprises (CPSEs), civil society organizations and community structures can play a pivotal role in winning the battle against TB.

Through Inter-ministerial Coordination, MoHFW aims to reach key populations served by various Ministries such as workers, miners, migrants, tribal population, women and children etc. The first meeting for Inter-Ministerial Coordination for Tuberculosis Free India by 2025 was held on 16th August, 2018 at New Delhi under the Chairmanship of Secretary, Health & Family Welfare, Government of India. The meeting was attended by representatives of 26 ministries who committed to join hands with MoHFW for achieving country's ambitious goal of ending TB by 2025.

Under the Chairmanship of Hon'ble Union Health Minister, Government of India, MoHFW has signed three Memorandum of Understanding (MoUs) with the Ministry of AYUSH, Ministry of Railways and Ministry of Defence on 18th July, 2019 at New Delhi, India *(Annexure I)*. Consultations have been held with various stakeholders including public sector enterprises, corporates, civil society advocates and experts to begin the process of generating accountability among various sectors towards TB prevention and control. In collaboration with Ministry of Labour & Employment and the International Labour Organization (ILO), a workplace policy framework on TB has been developed and shared with Employer Organizations in the country *(Annexure II)*. In collaboration with the Department of Posts, Sample Transportation is being facilitated and the India Postal Payment Bank (IPPB) is also being explored for NPY. Ministry of Women and Child Development has given a commitment for joint efforts towards active screening of Tuberculosis amongst women and children and also to address gender-based issues of TB patients. Ministry of Panchayati Raj (MoPR) is engaged for involvement of strategies of TB-Free India in the Gram Panchayat Development Plans (GPDP) in selected Gram Sabhas.

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[5] *Nadda JP. India's leadership to end tuberculosis. Lancet 2019. Vol 393, Issue 10178, 1270-1272*

### National Programme for Prevention and Control of NCDS

India became the first country to develop specific national targets and indicators aimed at reducing premature deaths from non-communicable diseases (NCD) under the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke (NPCDCS). Subsequently, the programme developed the National Multisectoral Action Plan (NMAP), which bagged the UN Interagency Task Force Award and serves as a blueprint for collaborative action towards health. The NMAP involved collaboration with 39 ministries and outlined actions to be taken by various sectors to combat the growing NCD epidemic in India. The plan focusses on risk factors of NCDs including tobacco consumption, air pollution, improper diet and nutrition. It has demonstrated political will and built momentum for a health-in-all-policies approach in India.

**Key Lessons**

- Build accountability from the ground-up through consultation and negotiation
- Integrate multisectoral action within larger NCD policy framework
- Increased focus on local solutions and actions

### Mounting Whole-of-Society Response Against HIV/AIDS

The National AIDS Control Progamme of India, launched in 1994 has been remarkably successful with dramatic decline in HIV incidence and improved coverage of AIDS related services across the country. One of the key strategies of the programme was to mainstream multisectoral action to combat stigma and encourage a rights-based approach to health care. The programme followed a two-phased strategy. The first phase focused on building political will, opening dialogue and implementation of large-scale strategies targeting high-risk populations. The second phase involved the development of strong partnerships and collaborations through structural mechanisms towards integration of HIV in policies of ministries and non-governmental entities.

**Key Lessons**

- Decentralize HIV/AIDS control through empowered State-level units and NGOs
- Establish rigorous system for monitoring and accountability for all stakeholders
- Use incentives to promote partner involvement

### Convergent Action for Tobacco Control

The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 or COTPA was enacted by the Indian Parliament in 2003 to support tobacco control efforts in the country. It uses an evidence-based approach to restrict advertisement, sponsorship, trade and commerce of tobacco products. The Act is in line with India's international commitments under the Framework Convention of Tobacco Control (FCTC), which is considered the first legally binding international treaty in healthcare. It recognizes that tobacco control requires coordinated approach and commitment from various sectors including finance, trade and agriculture. Civil society has played a crucial role in evolving public consensus as well as ensuring implementation of COTPA across the country.

**Key Lessons**

- Use evidence to support policy measures
- Leverage fiscal and legal actions to support implementation
- Empower civil society to ensure sectoral accountability

The National Multisectoral Action Framework for TB-Free India is aimed at building partnerships for convergent actions for a holistic response to TB epidemic. It seeks to leverage existing capacities and untapped potential across sectors, both public & private as well as health & non-health to end TB deaths, disease and suffering. It provides a blueprint for systemic action along the dimensions of social protection to expand the reach of national TB elimination efforts.

## Vision

Make India TB-Free by 2025 by mounting an accelerated and comprehensive multisectoral response

## Goals

- To mainstream and empower all TB patients in India by joint sustainable actions across sectors and stakeholders
- To create an environment of zero TB by undertaking preventive measures and by addressing the socio-economic determinants

## Objectives

- To forge convergence at policy, programme and implementation level across various ministries of the Government of India
- To strengthen existing partnerships for TB elimination and build newer ones by ensuring that all the partners are engaged, motivated and willing to share the challenges, problems and achievements
- To facilitate holistic, patient-centric care for all TB patients through resource mobilization and integrated actions.
- To achieve a rapid decline in TB incidence through prevention measures and addressing social determinants of health

This framework begins by outlining the six strategic areas for multisectoral action and associated outcomes. Brief descriptions of the strategic areas are followed by the cross-cutting functional areas where health sector leadership is necessary to support strategic multisectoral action. A mechanism for monitoring the implementation of the multisectoral action is also proposed. Finally, this framework identifies the roles and responsibilities of all the stakeholder groups without whose support and participation the national goals of TB elimination cannot be met.

# Strategic Areas of Action

Implementing a multisectoral response will require progress in six core strategic areas. These areas each require the active participation of non-health stakeholders to help achieve objectives. For successful implementation of the strategic areas, certain cross-cutting inputs and functions will need to be focused upon irrespective of the type of partnership or collaboration. These are elaborated in the subsequent section.

## Integrated Healthcare Service Delivery

High quality diagnostics and treatment services should be provided to all TB patients, no matter where they seek care. Health and allied services are provided by various ministries and non-governmental entities. These services include health facilities, financial protection schemes, transportation services. Establishing linkages with this critical infrastructure will enable the extension of TB services in the National TB control programme. Appropriate integration will require capacity-building, coordination, data-sharing and adoption of standardized care for TB prevention, diagnosis and treatment.

### Key Inputs

- Mapping of various health facilities under the concerned Ministry / Department which can be engaged for provision of TB care
- Capacity-building of medical & para-medical staff for providing quality TB care as per the 'Standards of TB Care in India' and for facilitating benefits under RNTCP such as 'Nikshay Poshan Yojana'
- Linkages of the IT systems and establishment of mechanisms for TB notifications on Government of India's online platform – Nikshay
- Agreements with industry bodies and associations to facilitate service integration in the private sector

### Key Outcomes

- For TB services, linkages between RNTCP and existing health infrastructure under various sectors established
- Every TB case, either diagnosed or initiated on treatment, notified on Nikshay
- Capacity of medical & para-medical staff built for providing quality TB care as per the 'Standards of TB Care in India'
- Public health actions including cash benefits to TB patients under 'Nikshay Poshan Yojana' facilitated

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**Integration of HIV/AIDS Services in the Private Healthcare Facilities**

The corporate conglomerate Larsen & Toubro was one of the first corporations to have an HIV/AIDS policy. The company has been operating an ART centre since 2009 at its Andheri health centre with support from the Union Health Ministry. In 2014, the company inaugurated a second ART centre at Kol Dongri in the Andheri suburb of Mumbai in partnership with the Mumbai District Aids Control Society and the Municipal Corporation of Greater Mumbai. HIV/AIDS positive patients receive free medical consultation and can undergo the entire range of pathology tests required for their treatment. In addition, L&T has its own voluntary counseling and testing centre for employees.

The Godrej group has similarly been operating an Anti-Retroviral Treatment (ART) centre since 2008 that provides free-of-cost counseling, testing and treatment through a public-private partnership between Confederation of Indian Industries (CII) and the National Aids Control Organization.

**Key features**

- Agreements with industry bodies like CII and FICCI can facilitate the integration of health services in the private sector.
- Appropriate training and technical support are needed to ensure that quality and standards of care are appropriate.
- Close coordination with NACO and government health system ensures complementarity.

# TB-Free workplaces

India has more than 500 million workers, majority of whom work in unorganized sector with no or limited access to healthcare and social security. In the absence of mitigating measures, some working conditions such as mining or construction can increase the risk of TB. TB patients have to battle discrimination or undignified treatment, breach of patient rights and loss of wage as well as employment due to lack of awareness and absence of TB-specific workplace policies in the organization. A healthy workforce results in higher productivity making supportive workplace policies mutually beneficial for the industry and its employees. Employers, therefore, need to play an active role in awareness generation, early diagnosis and treatment linkages for TB and patient support by adopting a workplace policy on TB.

## Key Inputs

- Collaboration between Ministry of Labour and Employment and MoHFW for effective engagement of all employers
- Commitment from the Chairman / CEO / Board of Directors of various organizations for creating a TB-Free workplace Development and dissemination of workplace policy framework on TB / guidelines / policy template
- Appropriate training and technical support for workplace sensitization
- Dissemination of the TB-Free workplace posters for the display and information on a calendar of events which can be celebrated by the Organization, for example, World Tuberculosis Day, observed on 24th March every year
- Commitment from various government Ministries / Departments towards TB-Free workplace for their offices and other infrastructure

## Key Outcomes

- Employer's organizations or independent corporations in the country adopting a workplace policy on TB and for committing to TB-Free workplaces by undertaking various initiatives to generate awareness on TB, to reduce workplace discrimination or stigma due to TB and to create supportive, TB-positive workplaces
- A strong collaboration between Ministry of Labour and Employment and MoHFW forged for effective engagement of the employers and any institutions or bodies such as Directorate General of Mines Safety

## Comprehensive TB Programme for the BEST Employees

Mumbai's Brihanmumbai Electric Supply and Transport Undertaking (BEST) has demonstrated its commitment to employee health and TB control by ensuring free and easy access to RNTCP services for all its employees. Through an MoU signed between BEST and the Mumbai District TB Control Society in 2012, TB diagnosis, treatment and awareness are offered to all BEST employees and family members. The programme is executed through 26 dispensaries at BEST bus depots, and the Mumbai Central Bus Depot Dispensary and Investigation Centre where testing facilities are available. The local DOTS centre provides expert care and free medication, while BEST provides assistance for continuous follow-up. BEST also has an annual budgetary provision for leave with full pay for employees diagnosed with TB.

In addition, BEST provides supportive services for prevention and control of TB. These include:

- Recreational activities for stress management
- Nutritional support through canteens that offer high-protein diet at concessional rates
- In-house de-addiction centre for tobacco and psychiatric counseling through King Edward Memorial Hospital, Mumbai
- HIV/AIDS services along with single-window service for TB co-infection

- Extra-ordinary benefits of leave with full pay up to 1 year, alternate employment with pay maintenance for disability due to TB and housing in staff quarters based on need

BEST's pro-employee workplace policies have shown encouraging results in reducing mortality and morbidity due to TB. Number of deaths due to TB have reduced by 90% and hospitalization has come down by 95%. Average absenteeism due to TB has also reduced from over one year in 2012 to six months in 2017.

**Key Features**

- Adoption of workplace policy on TB for well-being of entire workforce
- Dedicated budgetary allocation for free treatment and paid leave for employees affected by TB
- Use of employee communication channels, IEC and advocacy materials to raise awareness about TB and availability of benefits for affected employees
- Socio-economic and supportive services along with TB diagnostic and treatment
- Extension of TB services to employees as well as family members
- Effective linkages with different departments and government hospitals ensures maintenance of quality of health services and positive outcomes for employees.

## REACH Employer-Led Model For TB Control in Assam Tea gardens

The non-profit organization REACH in partnership with the Assam State TB Cell launched the Employer-Led Model (ELM) for TB prevention and care in the tea estates of Dibrugarh in late 2017. Dibrugarh district reported the highest number of TB cases among all districts in Assam owing to the proximity to tea gardens and its labourer community. Communities dependent on the tea gardens are especially vulnerable to TB due to poor nutrition, consumption of tobacco and crowded living conditions. The ELM strategy was used to build partnerships with tea estate managers and companies to improve awareness and provision of TB care through the public health system. Since employers often have access and influence that governments may not have, ELM is globally recognized as an effective way of reaching employees at their workplaces. The ELM initiative helped in reaching out to all formal, informal and migrant workforce in the tea gardens in

Assam. Representatives from the Assam branch of the Indian Tea Association, Bharatiya Cha Parishad and representatives of tea estates committed to implement the initiative in Assam.

In 2019, the Gatoonga tea estate opened a TB microscopic and diagnostic centre for free treatment to TB patients from the estate, in collaboration with the district TB centre.

**Key Features**

- Partnerships and close coordination between State TB cell, NGO REACH and associations of team estate owners and employers
- Focus on key TB affected populations of tea garden workers including informal and migrant labour
- Emphasis on socio-economic and supportive services at the workplace along with TB diagnostics and treatment

# Socio-economic Support to Patients

TB adversely affects the poor and marginalized population the most as they battle poverty, malnutrition, poor hygiene, stigma, loss of employment or wages, poor housing and working conditions among many others. Social welfare programmes that exist under various ministries of the government of India can offer protective services to people affected by TB. Depending on the critical areas of need in different geographies, state governments may choose to implement an optimal package of support necessary integrated support to the common beneficiaries and a single-window system with the use of Aadhaar can be instituted for quick and easy access to social protection mechanisms. In addition, civil society organisations and Corporates through their Corporate Social Responsibility programmes can act as agents for psycho-social support through facilitation of skill development, livelihood opportunities, nutritional support etc. Existing community structures such as Mahila Arogya Samiti (MAS) under National Health Mission, Self-Help Groups (SHGs) under National Livelihood Mission etc., and community workers as well as volunteers can be effectively engaged, trained and incentivised to facilitate the socio-economic support to TB patients and to empower communities to be TB-Free.

## *Key Inputs*

- Needs assessment to identify type of socio-economic support required across communities / geographies
- Convergence between various government programmes and schemes for a single-window provision of socio-economic support to the common beneficiaries
- Linked mechanisms with various Ministries to facilitate benefits under RNTCP to eligible TB patients e.g. Direct Benefit Transfer under Nikshay Poshan Yojana
- Partnership of MoHFW with Non-governmental Organizations and community Based Organizations
- Community engagement initiatives focused on holistic patient-centric TB care

## *Key Outcomes*

- Socio-economic support provided to all TB patients for improved treatment adherence and outcomes
- Communities empowered for undertaking TB prevention measures and supporting TB patients

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**Sustainable Livelihood Programme of Leprosy Mission Trust India**

The Leprosy Mission Trust India (TLMTI), a non-governmental organization committed to the welfare of leprosy patients recognized the importance of economic resilience and social well-being in rehabilitation of patients and implements the sustainable livelihood programme. The programme is divided into four complementary parts at individual, household, community and policy levels. The interventions include innovative approaches such as:

- Vocational training centres across six states for job-oriented skill building
- Placement support to affected individuals and families
- Employer engagement and sensitization programmes for inclusive workplaces
- Conducting access audits and recommending adaptations to make work environments disabled-friendly and inclusive

TLMTI partners with other international, governmental and non-governmental entities including the National Leprosy Eradication Programme, National Rural Livelihood Mission (NRLM), Skill India Programme, Indian Council of Medical Research, National Human Rights Commission, World Health Organisation, National Handicapped Finance Development Corporation etc.

**Key Features**

- Multi-pronged and multi-stakeholder approach for sustainability
- Rights-based orientation with combination of welfare and livelihood interventions
- Partnerships with government schemes and agencies to ensure coordination and standards

# Awareness Generation and Infection Control

The goal to End TB can only be achieved by prevention which requires a massive increase in awareness about the scale of the TB problem, its symptoms, steps to prevent/control and mechanisms of support for patients. The strengthening of advocacy efforts, community involvement for stigma reduction and patient education are key areas of multi-sectoral engagement. There is a need to meaningfully engage with TB patients, communities, civil society leaders, and community-based organizations in the TB response at all levels. All government ministries can undertake or include TB awareness activities as part of their routine programmes. In addition, robust civil society and private sector participation is required for raising awareness and community empowerment.

### Key Inputs

- Integration of TB prevention, awareness and IEC activities within existing government programmes such as 'Swachh Bharat Abhiyan'
- Development and dissemination of IEC materials
- Identification of the health facilities, public spaces, public transport and small & enclosed living or working spaces such as prisons, slums, mines etc., covered under various Ministries / Departments where infection control measures can be implemented 'Swachh Bharat Abhiyan'

### Key Outcomes

- TB prevention, awareness and IEC activities integrated within existing government programmes such as 'Swachh Bharat Abhiyan'
- Infection control measures adopted by the healthcare facilities in the country
- Collaboration between MoHFW and Ministries dealing with transport such as Ministry of Railways, Ministry of Road Transport & Highways, Ministry of Civil Aviation, Ministry of Shipping etc., for awareness generation and TB prevention measures

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**Maharashtra's Anti-Spitting Law**

The government of Maharashtra made spitting in public places and urinating in the open a punishable offence in January of 2018 as part of its Swachh Maharashtra drive. The state government authorized urban local bodies to fine citizens across the state for urinating, spitting and littering at public places. The Mumbai civic body has been following a similar initiative for the past several years and this was expanded to cover the entire state.

The fines for big cities such as Mumbai and Pune were fixed at Rs. 150 for spitting, Rs. 180 for littering and Rs 200 for urinating whereas for smaller cities, penalties were more modest at Rs. 100 for spitting or urinating and Rs. 150 for littering. The fines are combined with a campaign to raise awareness among citizens for a positive behavior change towards better hygiene and infection control. Several other states are looking to implement similar interventions or enforcing existing laws on public littering and urination under the nationwide Swachh Bharat Mission launched by the Prime Minister of India.

**Key Features**

- Nominal monetary penalties combined with awareness
- Active participation of civic bodies and urban local governments
- Active participation and engagement of citizens

**The Union's Call to Action for TB-Free India**

The government of India in collaboration with the International Union Against Tuberculosis and Lung Disease (The Union), the USAID and the WHO launched a nationwide Call to Action for TB-Free India in 2015 to unite stakeholders to defeat TB in India. One of the key objectives of the Government of India's Call to Action for a TB-Free India is to reach the unreached by tapping the energy of celebrities and media, and use their influence to solicit support and voice to the cause.

Challenge TB reached out to Bollywood celebrity, Mr. Amitabh Bachchan, a cured TB patient, who agreed to talk about his own battle with the disease and be a patient advocate for TB-Free India. Mr. Bachchan supported the campaign whole-heartedly by addressing media, appearing in key events of 'Call to Action' and appealed to key stakeholders to come on board and take action for a TB-Free India.

'TB Free India Campaign', a Television, radio and social media campaign was launched with Mr. Amitabh Bachchan as an ambassador for the cause. This campaign with messages for identifying symptoms of TB, importance of treatment completion and calling on stakeholders to join the hands for TB elimination was launched by then Minister of Health and Family Welfare Shri J. P. Nadda in the event organized by WHO on World TB Day on 23rd April, 2015. Media round table and group discussions were held to sensitize media on TB in general, TB in women, stigma & discrimination and new diagnostics for TB prevention and care.

To ensure high visibility of the campaign and getting commitment from the highest level, Mumbai Dialogue was organized. The event was instrumental in initiating key commitments from the corporate sector with the support of high profile celebrities & global influencers such as US Ambassador to India Mr. Richard R. Verma, Bollywood superstar Mr. Amitabh Bachchan and one of the biggest Indian industrialists Mr. Ratan Tata.

Advocacy efforts with the private health sector resulted in the launch of "Mission TB-Free Haryana" by Medanta the Medicity in partnership with the Government of Haryana. Dr. Naresh Trehan, a noted cardiologist and Managing Director of Medanta, emerged as a Champion for TB and announced the scale up of ongoing mobile van pilot (1 district) to rest of the Haryana (Mission TB-Free Haryana) in a phased manner. This initiative provides X-ray services to patients closer to home and is expected to increase overall case detection and notification by the Revised National TB Control Program (RNTCP). The mobile van intervention is operational in six districts of Haryana, namely Mewat, Gurugram, Palwal, Faridabad, Jhajjhar and Rewari and currently covers approximately 29% of the total population of Haryana.

**Key Features**

- High-profile celebrities, influencers and public personalities became as ambassadors for the cause of TB awareness and elimination
- Advocacy for high-level political commitment for the cause
- Launch of nationwide TB-Free India Campaign
- Systematic engagement of stakeholders over a sustained period of time

# Corporate Social Responsibility and Investments in TB

A study[6] of India's top companies for sustainability and CSR shows that the top 200 companies spend around Rs. 1369 crores annually on healthcare and wellness i.e., about 24% of the total spend on CSR is focused on healthcare. CSR supported projects are leading the battle against TB on various fronts such as awareness generation, facilitating active case finding, improved access to diagnosis, nutrition support, livelihood support, treatment adherence and community engagement. Based on the experiences and learnings from this initial TB elimination work CSR activities have emerged as a very promising avenue to reach the underserved and to pool-in existing private resources for TB elimination in India.

### Key inputs

- Long-term partnership (MoU / Letter of Intent / TB pledge etc.) between MoHFW or MoHFW designated NGO/ CBO partners and CSR arms of private companies
- Advocacy and sensitization of the concerned officials
- Technical support to Corporates to design and implement CSR projects on TB
- Mechanisms to facilitate linkages with the RNTCP district / state structures to ensure sustainability of the CSR initiatives
- Structures and advocacy efforts for 'TB Corpus Fund' as proposed in NSP 2017-25

### Key Outcomes

- TB services integrated in the existing CSR healthcare projects and/or new CSR projects on TB prevention, control & care initiated
- Private-private or public-private partnerships forged for demonstrating sustainable and impactful CSR initiatives
- Establishment of 'TB Corpus Fund' under RNTCP

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**GAIL India's TB-Free Pata Project**

GAIL India launched an innovative 360-degree model encompassing awareness screening, diagnosis and nutritional support in Pata, district Auraiya (UP) in 2018. The key objectives of the project were to promote early diagnosis by active case finding & promoting treatment adherence through outreach, counselling and follow-up. The project provides a Mobile Medical Unit equipped with digital microscopy, molecular testing and a trained team of medical officer, technicians and outreach workers. The mobile medical van conducts weekly visits to villages distributing IEC materials as well as for active case finding.

The project covers 96 villages in the district and collaborates with five government designated microscopy centres in Dibiapur, Phaphund, Achhalda, Muradganj & Sahar for testing and treatment. More than one lakh people have been surveyed within a year of launch, of which 790 symptomatic presumptive cases were identified. These patients are then further tested for confirmation of TB and drug susceptibility.

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[6]*Utkarsh Majumdar, Namrata Rana & Neeti Sanan (2015) India's top companies for sustainability and CSR.*

**Essar Foundation's TB Awareness Drive in Keonjhar, Odisha**

TB is the number one killer in Odisha as per the National Health Profile of 2018 with a large number of cases and treatment success rate below the national average. The Keonjhar district, which is the largest iron ore producing district of India was identified as one of the top four districts in Odisha with the largest number of TB cases. The district remains backward and miners are known to be especially vulnerable to TB. In association with the District Health TB Cell and active encouragement of the District Collector, Essar Foundation has been conducting intensive TB awareness and education drive in all villages where the Essar company is present. Local ASHA and Anganwadi workers were roped in to conduct simple educational and interactive sessions on TB causes, symptoms, available facilities and support to TB patients, care and prevention. Two short films are shown to participants on TB awareness and sensitization. Educational materials are distributed and information about the latest methods of diagnosis and care is provided.

Essar Foundation also runs an ambulance-cum-mobile medical unit that provides primary care to these villages at their doorstep. TB drugs are also made available through this medical unit with the support of village ASHA workers.

**Key Features**

- Focused awareness and outreach among backward populations
- Efficient design to reach vulnerable populations at doorstep
- Close partnership between corporate foundation and district health system
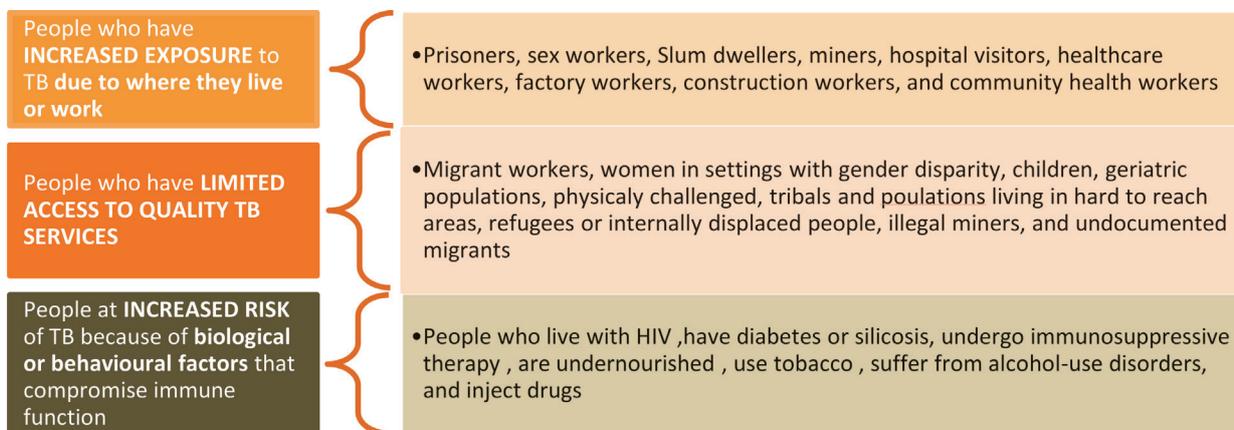
# Targeted Interventions for Key Populations

Key Affected Populations (KAPs) are disproportionately affected by TB. These populations are vulnerable due to the underlying determinants of health or are underserved with reduced access to health services, or are at an increased risk of TB infection and illness. The figure below indicates the kinds of communities who constitute KAPs. Targeted interventions are required among these population groups to improve access and ensure accurate diagnosis, treatment and adherence. Partnerships between government, NGOs, private practitioners and corporates are needed to mitigate the underlying vulnerabilities.

## *Key Inputs*

- Identification and collaboration with Ministries / Departments
- Social science and implementation research on key affected populations, their vulnerabilities and suitable interventions
- Incentivizing engagement of local communities for decentralized, contextual provision of care and psycho-social support
- Facilitation of transport for TB samples, drugs and diagnostics in remote locations through innovative mechanisms

## *Key Outcomes*

- Systematic extension and adaptation of high-quality TB detection and treatment services among identified 'key affected populations'
- Increased investments by civil society, corporates, donors and other stakeholders in programs which focus on improved accessibility, availability and affordability of TB services for key populations
- Targeted behavior-change and rehabilitation activities undertaken to reduce tobacco, alcohol abuse and other substance abuse

| | |
|---|---|
| People who have **INCREASED EXPOSURE** to TB **due to where they live or work** | • Prisoners, sex workers, Slum dwellers, miners, hospital visitors, healthcare workers, factory workers, construction workers, and community health workers |
| People who have **LIMITED ACCESS TO QUALITY TB SERVICES** | • Migrant workers, women in settings with gender disparity, children, geriatric populations, physicaly challenged, tribals and poulations living in hard to reach areas, refugees or internally displaced people, illegal miners, and undocumented migrants |
| People at **INCREASED RISK** of TB because of **biological or behavioural factors** that compromise immune function | • People who live with HIV ,have diabetes or silicosis, undergo immunosuppressive therapy , are undernourished , use tobacco , suffer from alcohol-use disorders, and inject drugs |

Key affected population groups and their associated source of risk

*(Source: National Strategic Plan for TB Elimination (2017-25), MoHFW, Government of India)*

**Initiative by Coal India Ltd. for Miners' Lung Health**

Miners, a key population, are at an increased risk of TB infection due to congested, poorly ventilated working conditions, prolonged exposure to chemicals and possibility of a pre-existing condition - silicosis, an occupational disease caused due to inhalation of silica during quarrying. Recognizing this, Eastern Coalfields Limited (ECL), a subsidiary of Coal India Limited has prioritized TB care for all its employees and dependents. High-quality diagnostic and TB treatment services are offered through two central hospitals, seven area hospitals and 114 dispensaries at collieries. ECL follows RNTCP guidelines for indoor patients and refers outdoor patients to the District TB Control Society.

There is budgetary provision for delivering comprehensive medical services, procurement and upkeep of infrastructure and supplies. In addition, there is a budgetary provision for special leave with half-pay for TB patients. End-to-end TB care including diagnostics, medication and hospitalization is provided free of charge. A dedicated TB Home Visitor provides treatment adherence to patients and works with their families to encourage support and positive behavior for treatment completion. ECL is now advocating for the development of a formal workplace policy for TB that will enable a more comprehensive response through vocational training at the collieries, financial protection, family counseling services etc.

**Key Features**

- Attention to specific vulnerabilities and contextual factors associated with Tuberculosis and work with the key populations to address the barriers to TB care
- Engaging local communities and their members for decentralized provision of care and psycho-social support
- Dedicated budgetary support to minimize loss of livelihood due to TB
- Coupling of alcohol de-addiction and nutritional support with TB treatment
- Community and workplace support to minimize stigma

# Approaches

## A. Inter-ministerial Collaboration

| Ministry | Strategic Area | Scope of collaboration |
|---|---|---|
| Ministry of Communications | Integration of TB services in existing health infrastructure | • Leverage postal services (Department of Posts) for creating sample transportation network<br>• Provide TB services through medical / para-medical infrastructure of Public Sector Undertakings (PSUs)<br>• Through linkages with RNTCP, provide access to TB care services to all workers at work sites |
| Ministry of Defence | Integration of TB services in existing health infrastructure | • Strengthen TB services and notifications in Armed Forces Medical Services (AFMS)<br>• Create linkages for diagnostics and treatment in polyclinics and medical facilities under Ex-servicemen Contributory Health Scheme |
| Ministry of Electronics and Information Technology | Integration of TB services in existing health infra-structure | • Partnership for call centre support under RNTCP |
| Ministry of Shipping | Integration of TB services in existing health infra-structure | • TB services and harmonised management of TB at major ports and fisheries. |
| | Socio-economic support to patients | • Prioritise TB affected for livelihood support through coastal community development programmes |
| Ministry of Railways | Integration of TB services in existing health infra-structure | • All medical staff including doctors, staff nurses/ para-medical staff and pharmacists |
| | Socio-economic support to patients | • Set-up coordination mechanism with District TB Office to ensure that train fare concessions are provided to TB patients |
| Ministry of Rural Development | Socio-economic support to patients | • Provide nutritional support to TB patients by extending coverage under Annapurna Scheme<br>• Vocational training, awareness raising using Self-help groups (SHG) under Deendayal Antyodaya Yojana - National Rural Livelihoods Mission (DAY-NRLM)<br>• Prioritise livelihood opportunities for TB affected under Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS)<br>• Ensure welfare support for TB patients eligible under National Social Assistance Programmes (NSAP), Pradhan Mantri Awas Yojana - Gramin (PMAY–G) & Mission Antyodaya |
| Ministry of Finance | Socio-economic support to patients | • Establish mechanisms for prioritization of TB affected under Pradhan Mantri Jan Dhan Yojana (PMJDY), Pradhan Mantri Suraksha Bima Yojana (PMSBY), Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY)<br>• Collaboration for Direct Benefit Transfer to TB patients under various schemes |

| Ministry | Strategic Area | Scope of collaboration |
|---|---|---|
| Ministry of Consumer Affairs, Food & Public Distribution | Socio-economic support to patients | • Prioritization of eligible TB patients for food security through PDS<br>• Establish linkages of Nikshay with PDS infrastructure to provide in-kind incentive or Direct Benefit Transfer to patients |
| Ministry of Social Justice and Empowerment | Integration of TB services in existing health infrastructure | • Create linkages for TB screening and treatment among rehabilitation programmes for alcoholism and substance abuse. |
| | Socio-economic support to patients | • Facilitate establishment of single window for social protection for TB-affected, especially in the high TB burden pockets<br>• Facilitate engagement of associated Commissions, Institutes and organisations by building capacity and commitment |
| Ministry of Housing and Urban Affairs | Socio-economic support to patients | • Vocational training, livelihood opportunities and awareness using Self-help network under Deendayal Antyodaya Yojana-National Urban Livelihood Programme (DAY-NULM)<br>• Prioritise TB affected under Pradhan Mantri Awas Yojana - Urban |
| Ministry of Micro, Small and Medium Enterprises | Socio-economic support to patients | • Entrepreneurship and skill development programs under the Ministry |
| Ministry of Skill Development and Entrepreneurship | Socio-economic support to patients | • Facilitate skill development to TB affected under Pradhan Mantri Kaushal Vikas Yojana<br>• Prioritise TB affected in training programs of Industrial Training Institutes (ITIs), Advanced Training institutes (ATIs), Regional Vocational Training Institutes (RVTIs) and other central institutes |
| Ministry of Road Transport & Highways | Socio-economic support to patients | • Travel concession for TB patients in road transport |
| Ministry of Panchayati Raj | Socio-economic support to patients | • Prioritisation of TB affected under Gram Swaraj Abhiyan (Pradhan Mantri Ujjwala Yojana, Saubhagya, Ujala scheme, Pradhan Mantri Jan Dhan Yojana, Pradhan Mantri Jeevan Jyoti Bima Yojana, Pradhan Mantri Suraksha Bima Yojana & Mission Indradhanush) |
| | Awareness Generation and Infection Control | • Campaigns for TB-free PRI |
| Ministry of Youth Affairs and Sports | Integration of TB services in existing health infra-structure | • Include TB services in medical / para-medical infrastructure under Department of Sports |
| | Awareness Generation and Infection Control | • Training modules on TB for Nehru Yuva Kendra Sangathan (NYKS), National Service Scheme (NSS), National Youth Corps and Youth clubs<br>• Encourage TB elimination activities and community engagement undertaken by NYKS, NSS, National Youth Corps and youth clubs. |

| Ministry | Strategic Area | Scope of collaboration |
|---|---|---|
| Ministry of Women and Child Development | Integration of TB services in existing health infra-structure | • Establish linkages among Anganwadis for early detection and treatment initiation |
| | Socio-economic support to patients | • Ensure all eligible TB patients are provided nutritional support under Integrated Child Development Services |
| | Awareness Generation and Infection Control | • Training modules and awareness activities on hygiene, TB prevention, care, stigma reduction at Anganwadis and for workers/CDPOs/Supervisors |
| Ministry of Law and Justice | Awareness Generation and Infection Control | • Promote legal awareness among TB patient forums, CBO & civil society about discrimination & rights of TB patients |
| Ministry of AYUSH | Integration of TB services in existing health infrastructure | • Trainings, CMEs and Capacity building of AYUSH providers for early diagnosis, referrals and engagement as community DOT providers<br>• Ensure updated knowledge on TB through AYUSH courses & curriculum |
| | Awareness Generation and Infection Control | • Sensitisation of AYUSH providers on RNTCP guidelines, policies on TB and AMR |
| Ministry of Human Resource Development | Awareness Generation and Infection Control | • Include information on TB prevention, care and stigma reduction in school curriculum<br>• Periodic trainings, health camps on identification of symptoms, TB prevention, stigma reduction<br>• Create engaging, age-appropriate IEC material for students on TB and display/distribute these in all schools, colleges and educational institutions |
| Ministry of Labour and Employment | Integration of TB services in existing health infrastructure | • Integration of TB services in ESIC dispensaries and hospitals |
| | TB Prevention, Control & Care at the workplaces | • Promotion of workplace policy on TB and technical support for its implementation across various ministries / departments / private organizations |
| Ministry of Information and Broadcasting | Awareness Generation and Infection Control | • Large scale and sustained IEC campaign on TB through AIR, Doordarshan and Radio |
| Ministry of Tribal Affairs | Targeted Interventions for Key Populations | • Intervention strategies for TB elimination to be included in the Tribal Sub-Plan (TSP)<br>• Promote access to TB care in tribal population through the use of health camps, mobile vans or temporary mobile health centres<br>• Sensitization of traditional healers who treat lung diseases and TB for collaboration with government services |
| Ministry of Mines | Targeted Interventions for Key Populations | • Issue guidelines for the harmonized management of TB in the mining sector, focusing on treatment protocols, diagnostics, referral linkages and socio-economic support to TB patients |
| Ministry of Home Affairs | Targeted Interventions for Key Populations | • Measures for TB-Free Prisons<br>• Address the issue of spread of Tuberculosis through cross-border migration and establish mechanisms for TB screening and care services for migrant population |

| Ministry | Strategic Area | Scope of collaboration |
|---|---|---|
| Ministry of Development of North Eastern Region | Targeted Interventions for Key Populations | • Technology-driven systems and innovative health solutions for providing access to TB care in remote areas of the North East India<br>• Collaboration of North Eastern Council with RNTCP for TB Elimination initiatives with a focus on DR-TB management |
| All Ministries | Integration of TB services in existing health infrastructure | • Through linkages with RNTCP, provide access to TB care services to all workers at labour colonies, estates, plantations, PSUs and work sites |
| | Awareness Generation and Infection Control | • Display of IEC and TB awareness material at offices, existing programmes/partners<br>• Under Swachh Bharat Abhiyan, promote infection control measures and hygienic living/working conditions |
| | TB Prevention, Control & Care at the workplaces | • Adopt inclusive workplace policies for TB patients with periodic screening, employee benefits for TB treatment, stigma reduction and awareness sessions<br>• Mandate vendors, estates, plantations, associated government/autonomous bodies to adopt supportive workplace policies for TB patients |
| | Focus on TB under Corporate Social Responsibility (CSR) | • Programmes for TB elimination through CSR in PSUs, CPSEs |

**B. Key stakeholders**

| Ministry | Strategic Area | Scope of collaboration |
|---|---|---|
| Private Sector Corporations | Integration of TB services in existing health infrastructure | • Integration of TB services in corporate health facilities based on RNTCP protocols and guidelines. |
| | Focus on TB under Corporate Social Responsibility (CSR) | • CSR activities for identifying missing cases, for providing TB patients with quality care and socio-economic support etc. |
| | Awareness Generation and Infection Control | • Raising awareness about TB, community engagement and promoting TB prevention measures |
| | TB Prevention, Control & Care at the workplaces | • Adopting pro-employee workplace policies for TB prevention, control & care.<br>• Employment support for TB affected through affirmative action. |
| Civil Society Organisations | Awareness Generation and Infection Control | • Providing assistance/counselling to TB patients, survivors<br>• Community engagement to minimize stigma, health promotion |
| | Targeted Interventions for Key Populations | • Support outreach and facilitate access to excluded/vulnerable populations |
| | Socio-economic support to patients | • Activities/Projects on skill development, nutritional, psycho-social counselling for TB patients |
| Technical & Research Institutes | Integration of TB services in existing health infrastructure | • Support R&D on innovative TB services<br>• Conduct research on impacts of socio-economic policies/practices on TB |
| | Awareness Generation and Infection Control | • Develop training and capacity-building material for engagement of non-health sectors, communities |
| International/ Development Partners | Awareness Generation and Infection Control | • Generating resources & momentum for TB and AMR globally<br>• Development & dissemination of IEC material on TB<br>• Sharing of international best practices on infection control & AMR |
| | TB Prevention, Control & Care at the workplaces | • Development of workplace policy templates, training modules, guidelines for TB care at workplaces |
| | Targeted Interventions for Key Populations | • Support pilots and scale-up of targeted interventions among KAPs<br>• Evaluate progress on health equity & UHC |

# Resources for Strategic Areas

Achieving the strategic outcomes for multisectoral action under each of the above six areas requires strategic leadership as well as tactical inputs to operationalise action across strategic action areas. Past examples of successful action (refer examples under each of the strategic areas) provide indications on the operational inputs and resources required to set into motion multisectoral action to eliminate TB in India.

## A) Financing

Mounting a robust response to TB will require sustainable financing not only for programmatic activities such as drugs and diagnostics but also for multisectoral activities that tackle socio-economic determinants of TB.

The National Strategic Plan for TB (2017-25) has proposed the setting up of a TB Corpus Fund by pooling-in of resources from global donors, the corporate sector and public sector enterprises. Activities under strategic action areas such as provision of nutritional support, interventions among vulnerable and key affected populations can only be achieved through dedicated financial support by corporations and donors. International donors need to maintain their focus on TB elimination even as newer development challenges compete for resources. TB is a multi-faceted challenge that intersects with several of the most urgent development challenges including poverty and, as such deserves the focus of the international development community.

While donor funding has grown increasingly competitive and government budgets face tough constraints, corporations have a key role to play in augmenting existing resources. The corporate sector has already demonstrated its commitment to the country's public health priorities. Contributing to the TB Corpus fund and other financial instruments to support TB Control in India can be an important way for corporations to make this commitment tangible.

The government and the Ministry of Health also have key roles to play in effectively advocating for increased financial commitment using data on costs and cost-effectiveness of interventions. The government can also consider innovative financial mechanisms such as health levies and debt swaps to strengthen financial sustainability of TB control efforts in India.

## B) Capacity-building of the Manpower

The effectiveness of multi-sectoral action depends on the quality of service provision under each of the strategic action area. Quality of services and appropriateness of care for TB needs to maintained even when manpower is co-opted from outside the public health system. Capacity building of human resources involved in the delivery of supportive services for TB control is thus an essential input for strategic action.

The Central TB Division of the Ministry of Health will have to lead the effort to build capacity among stakeholders in the private sector, NGOs and community-based organisations. This can be in the form of trainings conducted for health professionals to integrate TB services within their health facilities. Trainings and workshops can also be conducted to ensure appropriate workplace treatment of those affected by TB. In addition to technical trainings, capacity building is also essential to ensure sensitivity in managing individuals, families and communities affected by TB because of the stigma associated with the disease. There are also important considerations of confidentiality and equity that personnel working on TB control need to be made aware.

Capacity-building itself can be done through a partnership between the government and an appropriate training or health systems research institute. Decentralisation of this capacity-building through state-level and local level agencies will ensure that it is contextually appropriate as well as drive participation among people across sectors and geographies towards TB control activities.

# C) Technical Resources and Research

Key technical resources and data are required to ensure complementarity of multi-sectoral action with programmatic TB control efforts. National data on geographical distribution of TB burden and risk factors need to be available to strategic partners in various sectors.

Guidance on areas of socio-economic need such as the nature and quality of nutritional support, types of livelihood generation and others are needed in order to tailor interventions appropriately. Social science and implementation research is thus a key input in delivering multi-sectoral action for TB elimination. Available research needs to be synthesized and made available to all partners and stakeholders. Further research in these areas needs to be prioritised by the country's funding agencies.

Apart from research, available technical resources such as standard treatment guidelines for Tb services, templates for workplace policies, infection control policies, appropriate IEC materials and others need to be widely disseminated and enforced.

The government can also assist with the accreditation of services through national and international accreditation bodies for health and allied services provided by private sector facilities or in remote locations.

# Cross-cutting Functions

The health sector has a major role to play in galvanizing efforts and obtaining commitments from other sectors. Progress in the strategic areas require proactive support and leadership in driving strategic functions that are identified in the table below. The central TB Division and the MoHFW will closely coordinate and provide support in each of these functional areas.

| Functional Areas | Actions |
|---|---|
| Technical Support and Capacity Building | • Trainings and workshops for sensitization, awareness & TB services<br>• Development of workplace policy framework, adoption by workplaces.<br>• Standardized protocols and guidelines |
| Advocacy, Partnerships and Innovation | • Development and dissemination of IEC materials<br>• Facilitating intersectoral/inter-ministerial action through LoIs/MoUs/agreements etc.<br>• Create institutional mechanisms and incentives for partnerships with technical/research institutes, private sector, civil society |
| Surveillance, Monitoring & Evaluation | • Ensuring accountability through timelines and indicators for multisectoral action<br>• Periodic reporting of progress across sectors |
| Knowledge Management, Learning and dissemination | • Sharing of best practices across states and stakeholders<br>• Development and maintenance of TB databases/knowledge repository<br>• Convening workshops/ conferences for dissemination of evidence on TB<br>• Support for research on human-rights based approaches to TB prevention and treatment. |

# Roles and Responsibilities of Stakeholders

TB affects every aspect of life and its elimination is therefore a common priority for all sections of society. Success of multisectoral action however depends on clear definition of the roles and accountabilities of the various stakeholders and partners.
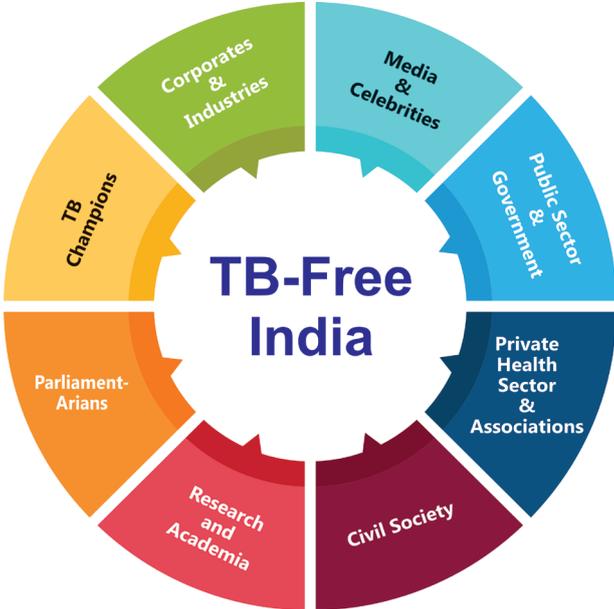


**Accountability matrix for key stakeholders**

| Types of Stakeholder | Integration of TB services | TB Prevention, Control & Care at Workplace | Socio-economic support | Awareness Generation & Infection Control | Corporate Social Responsibility | Targeted Intervention for Key Populations |
|---|---|---|---|---|---|---|
| Government Ministries | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Corporations & Private sector | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Public sector enterprise | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Civil Society | ✓ | ✓ | ✓ | ✓ | | ✓ |
| Development Partners | ✓ | ✓ | ✓ | ✓ | | ✓ |

Mumbai city in the state of Maharashtra is the economic hub of the country, home to over 23 million people making it one of the most densely populated cities in the world. The Mumbai Mission for TB Control Initiative was formed in response to a growing concern over the spread of TB, including drug-resistant forms. The Municipal Corporation of Greater Mumbai, in partnership with the Central TB Division, the World Health Organisation and the Bill and Melinda Gates Foundation formed the MMTC which has been operational since 2014. It brings together civil society, private sector and governmental actors to improve TB care and tackle drug resistance. The MMTC initiative consists of the following strategies:

- Active Case-Finding in Slums
- Access to Rapid Diagnostics and Drug-Susceptability Tests
- Improved Access to Effective Treatment
- Services & Support to Providers and Patients in Private Health Sector
- Infection Control
- Community Empowerment
- Organizational Strengthening

The Municipal corporation contracted a Public Private Interface Agency (PPIA) to engage informal health providers through a network of hub centres and local community-based organization to improve access and quality of TB services, especially in slums. Private laboratories and pharmacists are also engaged for greater private sector participation. TB notification and other regulations were also emphasized and enforced. Following approaches are adopted:

- Initiatives to engage private sector chest physicians for managing MDR cases at DR-TB centre
- Effective implementation of CSR strategies has been applied for
  - Creating TB awareness activity
  - Diagnostic services specially for DR-TB cases
  - Providing nutritional supplements to TB patients
- Effective utilization of NGO-PP scheme to maximum extent

In 2018, MCGM has taken ownership of implementing Private sector engagement model as PPSA under which free diagnostic and treatment services are provided to private sector patients. MMTC is now evolving into a TB-Free Mumbai plan!

### Conditional Cash Transfer improves TB Cure Rate in Brazil

The Bolsa Familia Programme (BFP) is one of the largest conditional cash transfer programmes in the world, providing financial assistance to families with pregnant or lactating women or children and adolescents aged 17 or younger. Households must participate in pro-health and educational activities to receive income assistance from the programme. A recent study4 published in the Lancet Global Health (Oliosi JGN et al., 2019) found that enrollment in BFP improved TB rate of cure by 7.6%, highlighting the crucial role of socio-economic interventions in improving health outcomes.

### South Africa initiative for TB in the Mining Sector

The Southern Africa TB in the Mining Sector Initiative supported by the World Bank is an innovative multi-stakeholder effort that includes representatives from Departments of Health, Mineral Resources, and, Labor of South Africa, Swaziland, Lesotho and Mozambique; development agencies (UK Department for International Development, International Organization for Migration, and Stop TB Partnership); research institutes; mining companies; ex-mineworkers' associations; and labor unions.

### Multisectoral approach to TB care in Philippines

The Innovations and Multisectoral Partnerships to Achieve Control of Tuberculosis (IMPACT) supported by the USAID focused on engaging public and private sectors to enhance the national TB programme. The IMPACT project mobilized community volunteers, workplaces, religious and community leaders for TB awareness and education. Together with other health and quality interventions, the programme helped improve access in remote areas and case-detection across the country.

### SANAC for multisectoral response to HIV, TB and STIs

The South African AIDS Council (SANAC) is set-up with the express purpose of bringing together government, civil society and private sector for a collective response to HIV, TB, and sexually transmitted infections (STI). The Council is Chaired by the Deputy President of South Africa, signaling commitment and political will at the highest levels of government. They support coordination between various stakeholders, mobilise resources, monitor implementation and foster accountability of the national AIDS and TB control efforts. They also offer technical assistance and sectoral support to various stakeholders to build capacity to make long-term investments in overall health and especially activities targeted against HIV, TB and STIs.

### Initiative for TB control in large cities in Peru

Peru has a high burden of TB, having the second most number of TB cases in the Americas after Brazil. More than 50% of these cases are reported in its capital city of Lima. Supported by the USAID and WHO/PAHO, a focussed TB control initiative is being implemented in the districts of El Agustino and San Juan de Lurigancho in Lima. Through high-level government commitment and the involvement of all stakeholders, a District government of health has been established to make the district healthy and safe through inclusive action. Civil society has also played a crucial role throughout the process, including facilitating at-home treatment and social support activities for TB patients.

Prisoners are a key affected population group for TB across the world, with infection rates up to 10 times higher than the general population. Prisons are often poorly ventilated, overcrowded and without adequate facilities to combat the disease. Many prisoners very often also come from high-risk population groups due to substance abuse or other forms of vulnerabilities. Here are two countries who've recognized the issue and adopted targeted interventions in prisons through multi-sectoral collaboration.

**Azerbaijan's Programme for TB control in prisons**

Azerbaijan has adopted a Consolidated Action Plan to combat M/XDR-TB 2011-2015, which promotes integrated care. The ministries of health and justice have come together to ensure routine screening of detainees and raise awareness about TB risk factors and symptoms within prisons. Prisoners who test positive are transferred to a centralized prison hospital for treatment. Prison officers and other non-medical staff are also taught about the symptoms, risk factors and treatment of TB through mini-plays, performed in the country's prisons by a state theatre group. A non-government organization provides support to detainees who are released from prison and ensure that they complete their course of medication completing the circle of care.

Azerbaijan is supported by the World Health Organisation and the Global Fund to fight AIDS, Tuberculosis and Malaria in developing and implementing its national TB control efforts. The prison programme received an award from the International Corrections and Prisons Association (ICPA) in 2013. The Azerbaijan TB prison hospital has also begun training international health workers and prison staff on implementing similar programmes in other countries.

**Treatment support groups to improve Adherence in US prisons**

Prison inmates in the United States are routinely screened both at entry to prisons and during outbreaks but uptake and completion of TB preventive therapy (TPT) for latent TB has been poor. The US Bureau of Prisons implemented a novel short-course regimen and a humane approach to improve implementation of TPT. Small cohorts of inmates were brought together weekly for 12 weeks and received their treatment together in a support group, rather than standing in a 'pill line' as is done for other medications. Rates of treatment completion went from 30-50% to 90% with this new short-course treatment.

# Annexure

**Memorandum of Understanding (MoUs) between Central TB Division, Ministry of Health & Family Welfare and Ministry of AYUSH, Ministry of Defence and Ministry of Railways**
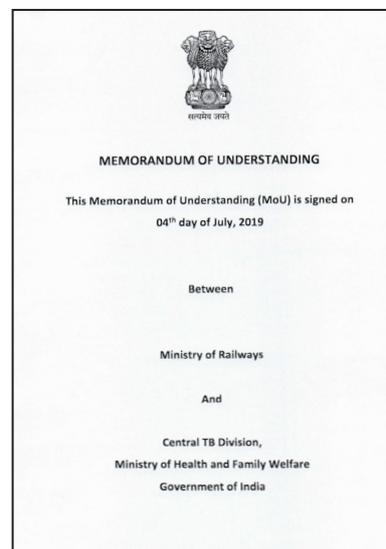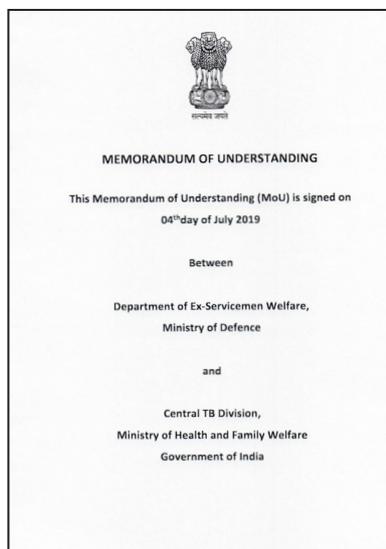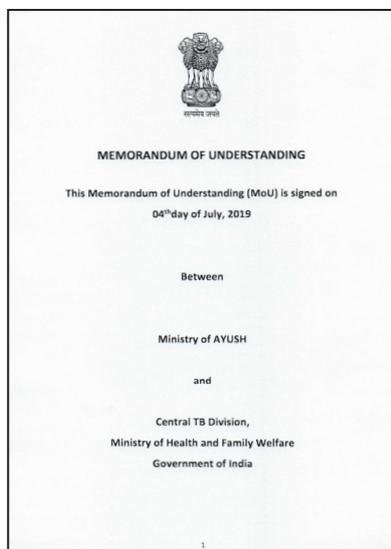
## Summary Note: Workplace Policy on TB

### Introduction

India has the world's highest Tuberculosis (TB) burden with an estimated 27 lakh people contracting the disease every year. Also, it has been estimated, that a person with infectious diseases could infect about 20 different individuals during their lifetime.

Government of India is committed to End TB by 2025 through a multi-sectoral effort in which the world of work can play a very important role. The Ministry of Health and Family Welfare (MoHFW) is implementing an ambitious National Strategic Plan for ending TB by 2025. The challenge of Tuberculosis requires a multi sectoral response to address the social determinants like poverty, nutrition, living & working conditions, access to prevention, diagnostic & treatment services.

The Government of India has evolved a "Policy Framework to address Tuberculosis, TB related co-morbidities and HIV in the World of Work in India, 2019" which has been developed through a national level consultation organized in New Delhi on 18 December 2017.

This workplace policy framework provides an outline to reduce the spread of TB and manage its impact in the world of work in India. It calls for a pledge to act by all Ministries & Industries/Sectors/Corporate etc. The framework also lays down a standard for the employers/employees and will guide supervisors and managers on ensuring TB prevention and care at workplace settings. The framework will help create an enabling environment for the employees to seek care & support in a stigma free environment.

The framework also provides the basis for putting in place a comprehensive customized workplace programme, combining prevention, care and the protection of rights of people affected by Tuberculosis.

In accordance to this policy framework all States/UTs have been requested to prepare a work plan to respond to TB and HIV using this framework that provides principles for action and other necessary guidance. We expect the World of Work to contribute effectively and efficiently in the country's fight against Tuberculosis with a vision for a TB-Free India.

### Scope of the Policy Framework

This policy framework covers all workers working under all forms or arrangements, and all workplaces covering formal as well as workers engaged in informal economy.

### Goal and objectives of the policy framework

The overall goal of this policy framework is to provide an operational framework to all stakeholders in the world of work towards the goal of eliminating tuberculosis (TB) by 2025, by facilitating an enabling environment to prevent new infections, early case detection, access to free treatment and treatment adherence towards TB and its co-morbidities, including HIV.

The policy framework builds on the 'National Policy on HIV/AIDS and the world of work' and provides guidance to world of work actors - governments, employers/private sector and workers' organizations, civil society organizations and all relevant partners.

The objectives of the policy framework are to provide a set of guidelines to address the TB in the world of work and within the framework of the policy "Prevention of HIV/AIDS in the world of work".

This policy framework will cover the following key areas:

- To promote awareness on TB prevention, screening and treatment across workplace in India.
- To advocate for and facilitate an environment that minimizes and prevents TB transmission at workplaces across India.
- To support and ensure early and free diagnosis of TB across workplaces in India.
- To facilitate and ensure access to free TB drugs and adherence for the entire workforce across India.
- To ensure care and support services for the workforce, post the completion of treatment.
- To address TB and I IJV co-infection in the world of work.
- To advocate and facilitate a stigma free environment for accessing TB associated services at the workplace in India.

### Key Guiding Principles of the TB policy framework at the workplace:

- Recognition that workplaces can play a vital role in elimination of TB
- Non-discrimination
- Rights-based and gender equality
- Safe and healthy work environment
- Case finding and Diagnosis
- Continuation of employment relationship
- Prevention
- Treatment, care and Support

*Implementation*

To facilitate the implementation of workplace policy and guidelines for TB control, there is a need to engage different stakeholders. This engagement of the stakeholders could be appropriately instigated for the effective outcome of the programme. The engagement of various stakeholders depends upon different reasons and interests which need to be identified and addressed appropriately.

For TB workplace interventions, the stakeholders could be broadly categorized into the following categories.

- Government (MOLE and MoHFW)
- Employers' organizations
- National TB Programme (NTP)/ Government
- National AIDS Control Organization (NACO)
- Workers' organizations (e.g. trade unions)
- Non-Governmental Organizations (national and international)
- Social organizations
- Community representatives
- Private practitioners (PPs)