

**GOVERNMENT OF INDIA  
MINISTRY OF HEALTH AND FAMILY WELFARE  
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**LOK SABHA  
UNSTARRED QUESTION NO. 631  
TO BE ANSWERED ON 20<sup>th</sup> JULY, 2018**

**ERADICATION OF TUBERCULOSIS**

**631. SHRI VIJAY KUMAR HANSDAK:  
SHRI ASHOK MAHADEORAO NETE:  
SHRI V. ELUMALAI:  
SHRI MANOJ TIWARI:  
SHRI A.T. NANA PATIL:**

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Government has conducted any survey on Tuberculosis (TB) and Multi-Drug Resistant TB (MDR TB) cases and attributable deaths reported in the country;
- (b) if so, the details thereof and the steps taken/proposed to be taken by the Government for identification, detection and treatment of TB/MDR-TB/ XDR-TB cases along with the funds allocated for the same, State/UT-wise;
- (c) whether the Government has finalized an aggressive national strategy to end Tuberculosis by 2025 and if so, the details thereof along with targets achieved so far; and
- (d) the other measures taken/being taken by the Government for eradication of TB in the country?

**ANSWER  
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND  
FAMILY WELFARE  
(SHRI ASHWINI KUMAR CHOUBEY)**

(a) & (b): Yes. The Ministry of Health & Family Welfare (MOHFW) has conducted a survey on Drug Resistant TB during 2014-17 and the final report of this survey was published on 24th March 2018. The survey indicated that the Multi Drug Resistant TB (MDR-TB) is 6.19% (CI 5.54–6.90%) among all TB patients with 2.84% (CI 2.27–3.50%) among new and 11.60% (CI 10.21–13.15%) among previously treated TB patients.

The Ministry is planning to conduct a National TB Prevalence Survey (2018-20) for estimation of Tuberculosis prevalence at national and state level. The Survey will be led by Indian Council of Medical Research (ICMR) in collaboration with Central TB Division with technical support from WHO India.

For attributable deaths, estimation has been done by Global Burden of Diseases (GBD, India) lead by ICMR, Institute of Health Metrics and Evaluation (IHME) and Public Health Foundation of India (PHFI) in collaboration with MOHFW and WHO. The report was released on 14th November 2017 and 3.2% of death and disability is attributed to TB in India.

The MOHFW has taken several new initiatives for strengthening early detection and treatment of Tuberculosis in the country as under:

- 1) Gazette notification for mandatory reporting of TB cases to the Government.
- 2) Private sector engagement through various innovative models.
- 3) Active Case Finding for reaching the unreached vulnerable population.
- 4) Expansion of molecular diagnostics i.e. Cartridge Based Nucleic Acid Amplification Test (CBNAAT) for early diagnosis of Drug Resistant Tuberculosis (DR-TB).
- 5) Introduction of daily regimen for treatment of drug sensitive Tuberculosis across the country.
- 6) Introduction of Universal Drug Susceptibility testing for all diagnosed TB patients including patients from the private sector.
- 7) Introduction and scale up of Newer anti TB drug i.e. Bedaquiline for drug resistant TB treatment.

State-wise / UT wise funds allocated for Revised National Tuberculosis Control Programme (RNTCP) is enclosed as Annexure.

(c): Yes. The Ministry has formulated a National Strategic Plan (NSP) for Elimination of TB (2017-25).

In addition to the existing strategies under RNTCP, the NSP focuses on:

- Early diagnosis of all the TB patients, prompt treatment with quality assured drugs and treatment regimens.
- Suitable patient support systems to promote adherence.
- Engaging with the patients seeking care in the private sector.
- Prevention strategies including active case finding and
- Contact tracing in high risk / vulnerable population
- Airborne infection control.
- Multi sectoral response.

The key achievements under the NSP in 2017-18 are as under:

- All TB patients are offered Free Drugs and Diagnostics.
- 1135 CBNAAT machines have been installed and made functional.
- In 2018 from 1<sup>st</sup> January to 30<sup>th</sup> June, 2018, a total of 10,01,918 TB patients have been notified out of which 2,40,314 patients have been notified from the private sector.
- Shorter regimen for treatment of drug resistant TB patients has been initiated since 24<sup>th</sup> March 2018 and till June 2018, about 2045 MDR TB patients have been initiated on shorter regimen treatment.
- In 2018, Bedaquiline availability has been scaled up for treatment of drug resistant TB treatment and during 1<sup>st</sup> January to 30<sup>th</sup> June, 2018, about 510 patients have been initiated on Bedaquiline based treatment regimen across the country.
- 226 District level drug resistant TB Centre have been established so far.
- **NIKSHAY Poshan Yojana** for providing financial assistance for nutrition support at the rate of Rs. 500/- per month for the duration of TB treatment has been initiated since 1<sup>st</sup> April 2018.
- **E-Health advances:** The case based web based TB notification system (NIKSHAY) has been enhanced with digital advancements.

- **Private Sector Engagement**

- Memorandum of Understanding (MoU) has been signed with the Indian Medical Association (IMA) for wide dissemination of services for TB patients through RNTCP. Under this MoU, private providers will be sensitized in 1000 out of 1700 IMA branches in the country.
- Public private support agency interventions have been initiated in 45 large cities and 348 districts where in, intensified efforts for notification from private sector, use of rapid molecular tests and Govt. provided drugs is accelerated.

(d): The other measures taken by the Government to eradicate TB are:

- **Community Engagement and Multi-stakeholder efforts:** For patient centric and community led response to TB, National TB Forum has been established to engage community. Similarly, State and District level forums are being established to create a network of TB Champions.
- **Advocacy Communication and Social Mobilisation (ACSM):** Intensified Media Campaign using all media platforms such as Audio-visual, Print, Digital, Outdoor and Social media for raising awareness, increasing utilization of services, reducing stigma & discrimination, increasing private sector participation, etc.

**Annexure**

<b>Revised National TB Control Programme</b>				
<b>State wise Releases &amp; Expenditure (Cash &amp; Kind)</b>				
<b>Sl. No.</b>	<b>Name of the State / UT</b>	<b>Allocation 2017-18 (Rs. In lakhs)</b>		
		<b>Cash</b>	<b>Commodity</b>	<b>Total</b>
1	Andhra Pradesh	2099.65	414.48	2514.13
2	Andaman & Nicobar	96.48	3.54	100.02
3	Arunachal Pradesh	462.58	70.11	532.69
4	Assam	1270.49	1415.90	2686.39
5	Bihar	3275.28	139.39	3414.67
6	Chandigarh	161.40	10.00	171.40
7	Chattisgarh	1384.21	219.66	1603.87
8	D & N Haveli	75.77	3.43	79.20
9	Daman & Diu	48.10	2.43	50.53
10	Delhi	2858.20	110.23	2968.43
11	Goa	134.57	12.21	146.78
12	Gujarat	2565.34	1167.13	3732.47
13	Haryana	1163.39	217.47	1380.86
14	Himachal Pradesh	674.66	274.67	949.33
15	Jammu & Kashmir	1084.03	108.06	1192.09
16	Jharkhand	1674.09	67.98	1742.07
17	Karnataka	3010.92	627.87	3638.79
18	Kerala	1430.53	169.91	1600.44
19	Lakshadweep	41.25	0.60	41.85
20	Madhya Pradesh	3125.94	188.87	3314.81
21	Maharashtra	7285.22	1929.90	9215.12
22	Manipur	386.04	134.90	520.94
23	Meghalaya	284.20	149.60	433.80
24	Mizoram	325.06	54.19	379.25
25	Nagaland	356.16	95.97	452.13
26	Orissa	1921.68	355.30	2276.98
27	Puducherry	216.80	8.77	225.57
28	Punjab	1220.42	234.71	1455.13
29	Rajasthan	2366.75	805.31	3172.06
30	Sikkim	189.00	272.48	461.48
31	Tamilnadu	2772.85	1047.49	3820.34
32	Tripura	226.47	57.85	284.32
33	Uttar Pradesh	7477.16	955.26	8432.42
34	Uttrakhand	660.43	86.50	746.93
35	West Bengal	3321.32	338.23	3659.55
36	Telangana	1500.56	404.60	1905.16
<b>Total</b>		<b>57147.00</b>	<b>12155.00</b>	<b>69302.00</b>