

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

**LOK SABHA
UNSTARRED QUESTION NO. 3025
TO BE ANSWERED ON 6TH DECEMBER, 2019**

DRUG RESISTANT TB CASES

**3025. SHRI GIRISH BHALCHANDRA BAPAT:
SHRI RAJAN VICHARE:
SHRI DEVJI M. PATEL:
SHRI JANARDAN SINGH SIGRIWAL:**

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

- (a) whether India has the largest number of individuals suffering from drug resistant/multi drug resistant versions of tuberculosis (TB) and if so, the details thereof and the reasons therefor;
- (b) whether it is a fact that delays in treatment are another major factor for death due to TB and if so, the corrective measures taken by the Government to overcome this social stigma and lack of access to sound and affordable medical care;
- (c) whether the Government proposes to launch a mega campaign to eradicate TB from the country by 2025 under which a screening drive will be launched to identify TB patient in each and every parts across the country and if so, the details thereof and the achievement of targets set thereof so far;
- (d) whether the Government proposes to provide medicine facility to the TB patients in their homes through ASHA health workers keeping in view the complex and lengthy process of getting medicine after getting discharged from the hospitals, if so, the details thereof; and
- (e) if not, the further steps being taken by the Government to provide full course of medicine to the patients easily?

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

- (a): Yes, in absolute numbers, India has the largest number of individuals suffering from drug resistant TB. However, as per the latest global TB report, India ranks 38th in the number of MDR-TB patients per lakh population (9.6 per lakh population). The estimated number of Multi drug resistant/ Rifampicin resistant TB (MDR/RR TB) patients in India for 2018 is 1,30,000, which contributes to about 27% of the global burden. Further details are annexed at **Annexure**.

Resistance to anti-TB drugs can occur as an outcome of faulty prescriptions which was previously rampant in the private sector, and is now being managed through better engaging the private sector for detection and treatment of TB. Resistance can also occur if the treatment is discontinued before the prescribed time. To address this, the programme conducts IEC activities to increase the awareness in the public regarding.

(b): The Programme recognizes that a delay in treatment initiation may cause adverse outcomes. Hence, since 2016 RNTCP has shifted from notification at treatment initiation to notification at diagnosis. This helps in following up all the patients who are diagnosed and ensure that they are initiated on treatment. The Govt. has taken several other corrective measures to address timely diagnosis as well:

- i. Active Case Finding (ACF) in vulnerable and high risk populations to actively screen symptomatics and detect TB patients.
- ii. Private sector engagement to increase notification and provision of public health action: Ensuring availability of free diagnostics and medicines from the Programme to patients seeking care in the private sector as well.
- iii. Strengthening sputum collection and transport mechanisms to ensure early diagnosis. The Programme has also tied up with India Post to increase access. Other mechanisms being strengthened at the local level involve MoUs with courier agencies, human couriers.
- iv. Increasing the network of rapid molecular diagnostics to ensure detection of drug resistance at the earliest. The Programme has rolled out Universal Drug Susceptibility Testing (UDST) since 2018 as per which resistance testing for Rifampicin is mandatory for all notified TB patients.
- v. Communication campaign aimed at raising levels of awareness, reduction of stigma among community, both through mass and mid media.
- vi. To reduce stigma of TB in the community, National, state and district level forums have been set up to provide a platform for TB survivors to voice their views. Network of TB Champions have been created from existing network of 4 lakh treatment supporters and past TB patients and people affected due to TB. With this purpose a standardized curriculum has been developed to support TB Survivors/ to become effective Community TB Mobilizers/Champions. More than 90,000 community members including TB survivors have been sensitized by 305 trained TB Champions in 140 districts in collaboration with REACH (NGO). These TB Champions have also provided patient support services to more than 8000 TB patients.
- vii. Further, all Health & Wellness Centres established under Ayushman Bharat have been earmarked as sputum collection centres and DOTS centres from where TB medicines can be taken.
- viii. To ensure affordable care, the Revised National TB Control Programme provides free treatment to all TB patients in the country, irrespective of the sector from which the patient is seeking care. The Programme has made provisions under which private sector health centres can also serve as DOTS Centres and provide RNTCP supplied daily FDC drugs to TB patients.

(c): Hon'ble Prime Minister had launched 'TB Free India' Campaign on 13th March 2018 to end TB in India by 2025. To pursue the goal Government has been implementing National Strategic Plan (NSP) (2017-25) to End TB by 2025. Active Case Finding is one of the most important strategy being implemented to find the missing cases in the community. In 2017, three rounds were conducted as national campaign, more than 5.5 crore population had been screened and a total of 26781 additional TB cases were diagnosed. In 2018, three rounds were conducted as national campaign, more than 18.9 Crore population had been screened and total 47307 additional TB cases diagnosed.

The Hon'ble Health and Family Welfare Minister also launched the TB Harega Desh Jeetega Campaign on 25th September 2019 in which new sets of IEC material have been launched and disseminated to states.

An "Accelerator to National Strategic Plan" includes following key components under "TB Harega, Desh Jeetega" campaign:

1. Community Engagement
2. Advocacy and Communication
3. Health & Wellness centres and TB
4. Inter-Ministerial collaboration
5. Private health sector engagement
6. Corporate sector engagement
7. Latent TB Infection Management

(d) & (e): The Govt. offers medicines to TB patients through a decentralized mechanism wherein medicines are provided by treatment supporters who may be member of the community residing in the vicinity of the TB patients, health workers such as ASHA, or even members of the patients' family. The patient may also choose to take medicine from the peripheral health facility. Decision on treatment support plan is decided by patient and providers, based on patient convenience and choice.

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Estimated burden of MDR RR TB patients (per 100000 population)			
Sr. No.	country	MDR RR TB Per lakh population	Estimated number of MDR/RR TB
1	Kyrgyzstan	47.6	3000
2	Lesotho	37.9	800
3	Namibia	36.8	900
4	Republic of Moldova	34.6	1400
5	Eswatini	31.7	360
6	Ukraine	29.4	13000
7	Mozambique	28.1	8300
8	Russian Federation	28.1	41000
9	Somalia	26.7	4000
10	Kazakhstan	26.2	4800
11	Papua New Guinea	23.2	2000
12	Mongolia	22.7	720
13	Gabon	21.2	450
14	Tajikistan	20.9	1900
15	Myanmar	20.5	11000
16	Democratic People's Republic of Korea	20.4	5200
17	Bhutan	19.9	150
18	South Africa	19.0	11000
19	Timor-Leste	18.9	240
20	Zambia	17.9	3100
21	Philippines	16.9	18000
22	Belarus	14.8	1400
23	Uzbekistan	14.5	4700
24	Georgia	14.2	570
25	Turkmenistan	13.7	800
26	Botswana	13.3	300
27	Pakistan	13.2	28000
28	Azerbaijan	13.1	1300
29	Angola	12.7	3900
30	Djibouti	12.5	120
31	Palau	11.2	2
32	Nigeria	10.7	21000
33	Congo	10.7	560
34	Zimbabwe	10.4	1500
35	Marshall Islands	10.3	6
36	Peru	10.0	3200
37	Sao Tome and Principe	10.0	21
38	India	9.6	130000