

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

**LOK SABHA
UNSTARRED QUESTION NO. 3061
TO BE ANSWERED ON 6TH DECEMBER, 2019**

TB CASES IN RURAL AREAS

**3061. DR. HEENA GAVIT:
SHRI VINAYAK RAUT:
SHRI SHRIRANG APPA BARNE:
SHRI RATANSINH MAGANSINH RATHOD:
SHRI A.K.P. CHINRAJ:**

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

(a) whether TB cases in rural and backward areas are increasing at an alarming rate and if so, the total number of TB cases reported in the country especially in remote villages and tribal dominated areas during the last three years and the current year;

(b) the reasons for failure to control TB in rural villages and tribal areas along with the problem being faced by the Government to control TB;

(c) whether the Government has created any awareness among people affected with TB to get treatment in hospitals, if so, the details thereof along with the funds allocated for this campaign;

(d) whether the Government has launched “TB Harega, Desh Jeetega” campaign with a target of becoming TB free India before 2025, if so, the details thereof along with the various measures being taken in this direction;

(e) whether the Government is likely to extend free-of-cost and high-quality treatment in private and public hospitals and if so, the details thereof; and

(f) whether TB patients are also extended monthly stipend per month for nutritional assistance during the TB treatment throughout the country under the Nikshay Poshan Yojana (NPY) indicating the number of beneficiaries benefitted so far along with the other steps being taken by the Government to improve and expand the reach of TB care services across the country?

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

(a): The overall TB incidence in India is on the decline, 217 per lakh in 2015 to 199 per lakh in 2018. The estimated burden of the disease has decreased from 28.4 lakhs in 2015 to 26.9

lakhs in 2018. Country achieved Millennium Development Goals (MDGs) related to Tuberculosis in 2016-Incidence of TB declined by 28% since 1990.

Reporting of TB cases is increasing because of easy availability, accessibility of TB diagnostic centers in rural areas and tribal areas.

Year	Number of TB patients in rural and tribal	Total No. of TB patients
2017	4,70,185	18,27,959
2018	9,05,246	21,52,279
2019 (Till November)	11,59,329	21,46,288

(b): The overall TB incidence in India is on the decline. TB control is also rapidly gaining momentum in rural areas because of the easy availability of microscopy center as per the Government's decision to establish Designated Microscopy Centres (DMCs) in all Peripheral Health Institutions (PHIs) as per the need. As per the recent norms, one DMC caters to a population of 1 lakh. These norms are relaxed for tribal/hilly/difficult areas where one DMC per 50,000 population is available.

The total number of DMCs has increased from 16,600 in 2017 to 20,045 currently.

Huge thrust is being given to the transport of sample for easy accessibility of rapid molecular tests to people in the rural areas. All DMCs have been made sputum collection centres and necessary packaging and logistic support has been made available. The Govt has established mechanisms to enable sputum transportation through India Post in addition to other local mechanisms such as MoU with courier agencies, human carriers, and private sector/NGO support.

Special Active Case Finding campaign of house to house search for TB cases is being carried out among vulnerable population mapped.

Because of these efforts, the number of TB patients diagnosed in the rural villages and the tribal areas has increased from **4,70,185** in 2017 to **9,05,246** in 2018, and 11,59,329 in 2019.

The Programme has further taken measures 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.

To strengthen the decentralized functioning of TB care, the Programme is also providing 'informant incentive' of Rs. 500 and incentive for treatment outcome reporting- Rs. 1500 for Drug Sensitive TB (DSTB) patients and Rs. 5000 for Drug Resistant TB (DRTB) patients, including to ASHAs.

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.

(c): Government of India has launched "TB Harega Desh Jeetega Campaign" on 25th Sept. 2019 in which new sets of IEC materials (in which it is clearly mentioned that "Free diagnosis, Free treatment and Nutritional support are available to all Government Hospitals") have been launched and shared with States/UTs for further dissemination. The funds amounting to Rs. 23.07 crores have been allocated for Advocacy Communication and Social Mobilization (ACSM) activities for the year 2019-20 at the Head Quarters and Rs 35.74 crores have been allocated for activities for the states.

(d): "TB Harega, Desh Jeetega" campaign was launched recently with the objectives of

- Promoting health seeking behaviour in the community for early case detection
- Preventing emergence of new cases of TB

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

(e): 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.

(f): Since April 2018, all TB patients are covered under the Nikshay Poshan Yojana scheme, at the rate of Rs. 500 per month for their entire duration of treatment. Till 30th October 2019, approximately 28 Lakh beneficiaries have been paid approximately Rs. 450Cr.

The Programme provides quality drugs and free diagnostics to all notified TB patients in the public and private sectors.

The Govt. has taken several other measures to expand the reach of TB care services:

- 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. MoU has been signed with Indian Medical Association (IMA), Public Private Support Agency interventions have been initiated through JEET (Joint Effort for Elimination of TB)
- 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. Inter-Ministerial coordination through signing of MoUs with the Ministeries of Defence, Railways, and AYUSH has enabled the Programme to extend TB care services through the hospitals and dispensaries running under these Programmes, and also widened the scope of IEC activities for increasing TB awareness.

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