

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

**LOK SABHA
UNSTARRED QUESTION NO. 2350
TO BE ANSWERED ON 13th FEBRUARY 2026**

TUBERCULOSIS BURDEN AND CHALLENGES

2350. SHRI SELVAGANAPATHI T.M.:

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

- (a) whether it is a fact that India continues to bear a major portion of the global tuberculosis burden, accounting for about 27% of the cases worldwide and if so, the details thereof;
- (b) whether it is a fact that India's rural, tribal and migrant communities face multiple challenges in the prevention, diagnosis and treatment of tuberculosis and if so, the details thereof;
- (c) whether it is a fact that the country needs to conduct a nationwide mapping of non-notified settlements to identify high-burden TB clusters and if so, the details thereof;
- (d) whether it is also a fact that migrant populations in India encounter critical obstacles in accessing TB care due to limited health services and if so, the details thereof; and
- (e) the steps taken/proposed to be taken by the Government in this regard?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY
WELFARE
(SMT. ANUPRIYA PATEL)**

(a) to (e) As per the World Health Organization's Global TB Report 2025, the annual TB incidence rate has declined by 21% from 237 cases per lakh population in 2015 to 187 cases per lakh population in 2024 and the mortality rate has declined by 25% from 28 deaths per lakh population in 2015 to 21 deaths per lakh population in 2024. The treatment coverage has improved from 53% in 2015 to 92% in 2024. India has contributed to approximately 25% of the total global burden and is ranked 38th globally for incidence rates.

The Government has implemented TB Mukht Bharat Abhiyan (National TB Elimination Programme, under the aegis of National Health Mission (NHM) across the country. The benefits of the programme are available to all sections of the society on a uniform basis, irrespective of caste, gender, religion etc and free screening, diagnosis and treatment is provided across all public health facilities in the districts. These services are further strengthened through decentralized delivery at the Ayushman Arogya Mandir level, ensuring last-mile access and equity.

Further, to address TB among the vulnerable population across the country, key strategies implemented are mapping of congregate settings & vulnerable population including asymptomatic, pro-active screening of vulnerable population by chest x-ray for early detection, upfront nucleic acid amplification test (NAAT) for all presumptive TB cases, timely treatment

initiation & completion, differentiated TB care for managing high-risk TB cases, nutrition support and preventive treatment to eligible vulnerable population.

Further, in all tribal, hilly and difficult areas, special provisions have been made to expand diagnostics and treatment centres, programme management units, to improve access to TB patients and coverage of TB services as under:

- TB Programme Management Unit (TB Units) - 1 for every 1 lakh population in tribal, hilly and difficult area as against 1 for every 2 lakhs general population. Every TB unit is supported with a supervisory staff for management of diagnosis and treatment services in the area.
- Microscopy Centres for diagnosis of TB - The norms for establishing microscopy centres is 1 per 1,00,000 general population and has been relaxed to 1 per 50,000 population in tribal, hilly, and difficult areas.
- Incentives for travel support - for transportation of patient and attendant in tribal / hilly/difficult areas a one-time incentive of Rs. 750 is provided
