



Ministry of Health & Family Welfare
Government of India



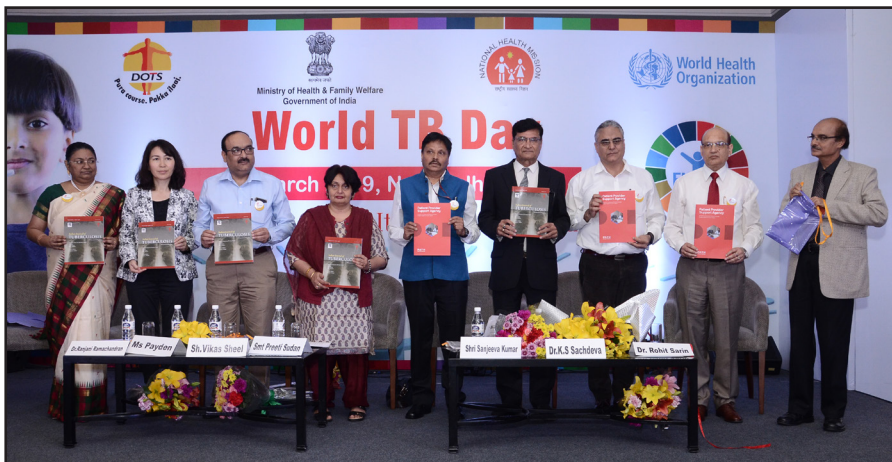
TB Harega, Desh Jeetega!

Engagement of Elected Representatives to End Tuberculosis

Tuberculosis (TB) is the top infectious killer in the world, and India accounts for 27.4 lakh estimated new TB cases annually, which is the highest in terms of absolute numbers.

The Government of India has decided to end TB in India by the year 2025, five years ahead of the Sustainable Development Goals target of 2030. It has rolled out a bold initiative to address this ambitious target and has developed and adopted the National Strategic Plan 2017-25 as a roadmap to achieve the End TB target by 2025.

The road to ending TB in India has lot of challenges to be addressed. The MPs and MLAs of the country represent each section of our society, and their support is critical to address the problem of TB. MPs bring a concrete understanding of the demography in question, along with a sound grasp of the available resources and gaps within the health system and have great potential to positively affect policies on TB at all levels.



About TB

TB is an infectious disease caused by a germ called *Mycobacterium tuberculosis*. TB mostly affects the lungs (causing pulmonary TB) but can also affect other organs. When TB affects any organ other than the lungs, it is called extra-pulmonary TB.

TB spreads through air. When someone with pulmonary TB coughs, spits or sneezes, droplets of mucous carrying TB germs may be expelled into the air. Anyone who inhales these droplets can be infected and may develop active TB. It can affect people belonging to any age group or economic strata, but it does not spread by sharing utensils, food and water or through touch.

It is important to remember that TB is curable, if the right medicines in the right combination and the right dosage are taken. Moreover, once a person with TB starts treatment, s/he becomes non-infectious within a few weeks.

TB bacteria may become resistant to some specific drugs, which are no longer effective. Drug-resistant TB (DR-TB) is curable although the treatment period is considerably longer and may vary from 9 months to two years.

Symptoms and diagnosis



Pulmonary TB is diagnosed by testing the sputum sample (phlegm that is coughed out) by microscopy, any rapid molecular tests such as Cartridge Based Nucleic Acid Amplification Testing (CBNAAT) or TrueNat, and by sputum culture. Extra-pulmonary TB is ideally diagnosed by examining the affected organ or site, e.g. lymph node.

Government facilities for the general public and TB patients

- Diagnosis of TB with latest techniques, free of cost.
- Free-of-cost treatment of all forms of TB.
- TB patients notified to RNTCP get Rs 500 per month through Direct Benefit Transfer in their bank account. This is applicable to patients registered on or after 1st April 2018. It is required

to provide bank account number for transfer of the amount.

- Travel support of Rs 750 to Tribal TB patients.

Incentives for healthcare providers for treatment support

- **New Case:** Rs 1000 at completion of treatment.
- **Drug Resistant Case:** Rs 2000 at completion of intensive phase, Rs 3000 at completion of treatment.

TB is a disease of poverty and inequality, influenced by factors including gender and occupation. Studies suggest that women may have greater difficulties accessing services, traveling to health facilities and in providing sputum samples for testing.

The National Strategic Plan (2015-2025) has identified and planned to address vulnerable populations, including migrant workers, women prone to gender disparities, tribal populations, refugees, miners and slum dwellers.

Stigma and TB

TB is a highly stigmatised disease; patients often face a number of personal and social barriers during or after treatment. TB-related stigma cuts across gender, class, caste and economic backgrounds and intersects with other kinds of stigma.

Medical Impact



Stigma adversely impacts access to health services for those affected, delays diagnosis and could affect treatment adherence and outcomes.

Social Impact



Stigma can lead to isolation, loneliness and depression. Stigma often results in the breakdown of relationships and loss of livelihood.

Role of Members of Parliament/Legislative Assemblies

ENGAGE



- Conduct bi-annual review meetings on TB and health in your constituencies through DISHA Committees to identify gaps in human resource, treatment, diagnosis and services.
- Convene Town Hall meetings to facilitate dialogue between the Revised National Tuberculosis Control Programme (RNTCP) Health Officials and Community members towards a TB-free district and state.
- Raise awareness among panchayat members and ensure active involvement of PRIs and Urban Local Bodies (ULBs) in TB control activities.

DISCUSS



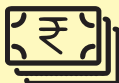
- Initiate a discussion on TB in committees of the areas you represent.
- Raise assembly questions on TB at the State level.

SUPPORT



- Escalate engagement with doctors in the private sector for TB care.
- Support TB survivors' groups and spread their message and impact of work to many more.

MOBILIZE RESOURCES



- Arrange more resources for TB in your constituency area through MLA/ MP LAD funds.

RAISE AWARENESS



- Raise awareness about TB in your constituencies. You can also help eliminating stigma through media at the local level. You can support TB champions in their area and encourage and support them for maximum involvement.
- Observe World TB Day (24 March) events at the constituency level and increase awareness about the RNTCP and the availability of high-quality, free TB services.
- Spread positive messages on TB on your social media handles .

Conclusion

The road to ending TB in India by 2025 is a challenging task, yet achievable. It can be achieved if various stakeholders come together and join hands. Members Parliament/Legislative Assembly have linkages from the grassroots to the top level and can play a pivotal role in elimination of TB. Your involvement can help achieve this goal.