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Confederation of Indian Industry
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Best Practices Compendium

Innovative Approaches by Corporates
to Eliminate TB by 2025



International Union Against
Tuberculosis and Lung Disease
Health solutions for the poor



Expanding Horizons. Enriching Lives.



Affirm Engage Invest

Corporates Pledge to Eliminate TB
#TBHaregaDeshJeetega

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Message: Central TB Division

Ministry of Health & Family Welfare,
Government of India

With India notifying more than 2.4 million TB cases in 2019, it continues to have the largest share of the global TB burden. India's National TB Elimination Programme (NTEP) is geared to meet the ambitious goal pronounced by the Honourable Prime Minister Narendra Modi of ending the TB epidemic by 2025 from the country, five years ahead of the Sustainable Development Goals (SDG) for 2030.

The National TB Elimination Programme (NTEP) of India is a Centrally Sponsored Scheme being implemented under the aegis of National Health Mission with resource sharing between the State Governments and the Central Governments. At the Central level, the NTEP is managed by the Central TB Division (CTD), the technical arm of the Ministry of Health and Family Welfare (MoHFW).

The year 2019 marks a milestone year for TB surveillance effort in India, with a notification increase of over 12% as compared to 2018, closing the gap between the estimated and notified incident cases. The National TB Control Program has been renamed as the National TB Elimination program. It reiterates the governments' commitment to achieving the vision of eliminating TB through multiple stakeholders and innovative strategies. In particular, it emphasizes on public-private partnerships and the role of the corporate sector in tackling the TB crisis. In 2019 the private sector contributed 679,000 notifications, approximately 28% of total notifications. This is an increase of 25% as compared to 2018.¹ The year 2019 also witnessed the launch of the Corporate TB Pledge (CTP).

TB is not just a public health issue, but an economic threat causing losses to the tune of 100 million dollars annually to the Indian economy. It affects the workforce prominently, mostly affecting the age-group of 18-55 years. TB often weakens the patient so much that they are unable to work - absences leads to loss of business. In addition, there are issues of stigma and discrimination faced by affected persons in the workplace. It is estimated that a TB patient loses 3-4 months of work time and 20% to 30% of his/her income. In India, TB caused a loss of 7.9 million disability-adjusted life year (DALY) and a reduction of US\$ 23.7 billion in economic wellbeing.

Companies, therefore, need to strategically approach TB at their workplaces and support employees who are affected by it. The Corporate TB Pledge, a joint initiative of CTD, MoHFW, USAID launched in April 2019, has proven to be successful in engaging over 100 corporates and expanding their contributions in TB care. Additionally, it has also collaborated with a business association like AMCHAM - that has harnessed its network to work on TB; and the Confederation of Indian Industry (CII) has also committed to focusing on TB for the next three years with its 9,000+ members.

Globally, and in India, many examples of companies adopting TB workplace policies and supporting patients have been recognized as necessary steps. The Best Practices Compendium encapsulates such models and learnings from Indian corporates who have tackled TB through various interventions. It contains some of the most effective, inspiring stories from the workplace, and how employers can become agents of change in public health challenges. This would guide the efforts of other corporates in adopting interventions. We, therefore, look forward to more corporates coming together to support the **NTEP to accelerate its campaign to eliminate TB from India by 2025**. To facilitate this, the Government of India has issued Operative Guidelines for Employer Led Model, which will serve as a useful tool for understanding, building and strengthening collaborations between the private/public sector companies and the State/District TB Cell. We encourage companies and business associations to join the Corporate TB Pledge.

Dr K S Sachdeva

Dy. Director General

Head Central TB Division

Project Director, NTEP

¹ RNTCP. 2018. India TB Report. Available on <https://tbcindia.gov.in/showfile.php?lid=3538>



Message: United States Agency for International Development

Ending Tuberculosis (TB) by 2030 is a global commitment under United Nations Sustainable Development Goal (SDG) 3, which calls for wide-ranging partnerships beyond the public sector. With the highest TB burden in the world, India loses 450,000 people every year to this deadly but curable disease. In addition to its devastating human impact, TB costs the global economy \$12 billion annually. In the workplace, TB causes workflow disruption and lost productivity and endangers the livelihoods of communities.

India's Prime Minister, Narendra Modi, has made TB a priority issue, increasing the country's budget for TB by 70 percent and calling for an end to TB by 2025, a full five years ahead of the UN goal.

In line with the Government of India priorities, USAID is supporting an innovative opportunity for businesses and industries to join India's response to eliminate TB. The Corporate TB Pledge, a joint initiative of USAID and Central TB Division, Government of India, is a shared platform for corporations committed to ending TB in India by leveraging local experts, financial, and technical resources to accelerate the national TB program and increase cross-sectoral support for combatting the disease. By raising awareness in the workplace, providing screening and testing programs for workers, and supporting efforts to combat TB, businesses can have an enormous impact on their workforces and communities—and the greater global effort to end TB—especially when they have operations in high-burden countries like India.

We are happy to share that the Pledge has, so far, galvanized over 100 companies, who have committed their resources to raise awareness, implement appropriate training, strengthen diagnostic facilities, promote active case finding, and increase access to TB treatment for employees and communities. Moreover, USAID implementing partners – IPE Global and The International Union Against Tuberculosis and Lung Diseases – offer these corporations a range of services covering access to behavior change materials, support for developing workplace and corporate social responsibility plans, and facilitating linkages between Corporates and the Central TB Division on public private partnership engagements.

In continuation with our efforts, we are happy to present The Best Practices Compendium, which provides details on the promising approaches adopted by corporations and business associations to combat TB in workplace and community settings. The compendium is an effort to acknowledge the good work of companies and encourage more companies to join the Corporate TB Pledge.

Let us work together to end TB by 2025.

Ramona El Hamzaoui

Acting Mission Director

United States Agency for International Development



Message: Confederation of Indian Industry

Tuberculosis (TB) continues to plague India with high infection and morbidity rates. The World Health Organization (WHO) TB statistics for India for 2019 estimate incidence at 2.4 million cases, with close to 40% of the Indian population possibly infected with TB bacteria. India loses approximately USD 32 billion annually to the disease. The Government of India has taken charge by creating the National Strategic Plan (NSP) to eliminate TB by 2025, 5 years prior to achieving the Sustainable Development Goal, and to ensure healthy lives and promote wellbeing for all.

The focus of TB prevention, care and control is to detect cases early and provide patients with effective treatment in a patient-centric approach. This strategy would help reduce morbidity rates and, in turn, prevent TB transmission. The NSP plans to provide incentives to private providers for following the standard protocols for diagnosis and treatment as well as for notifying the government of cases, with cash transfers to compensate patients for costs incurred in completion of the treatment.

CII recognises the major role companies can play in fighting TB and actively supports the government towards its national mandate of eliminating TB 5 years ahead of the targeted SDG completion. CII has signed an MoU with the Central TB Division, Ministry of Health and Family Welfare (MoHFW) to catalyse private sector participation and involvement in this mission.

Now, more than ever, it is time to augment our efforts towards eliminating TB. As COVID-19 takes center stage, this risks our plans and derails efforts undertaken, while setting the country back a couple of decades with regard to its battle against TB. Diagnoses have dropped nearly 75% in India since the pandemic began, and as early detection plays a pivotal role, India needs to step up its efforts in simultaneously dealing with these deadly diseases, and not let our TB crisis be swept under the carpet.

This Best Practices compendium has been put together with strategic partners IPE Global and USAID and is envisaged as a dynamic document that will continue to capture the best practices across industry and across sectors related to TB elimination practices / adoption of novel initiatives that truly impact workforce health and wellbeing positively. This will become a ready reckoner for companies wanting to make that difference, a place of advocacy, dialogue, technical support, information, and awareness-building. Most importantly, it is a narrative for a better world, where employers are a source of support to their workers, driven by the idea of 'responsible business'.

The time is now opportune to accelerate our efforts towards ending TB in India, through greater collaboration between public and private sectors. CII is committed to ending TB in India and augment the Government's endeavour. In this effort, CII has commenced the TB Free Workplaces Campaign with multiple critical stakeholders who will help us reach to the ground level as well as make this a management agenda for companies. It is imperative that we lead the movement to eliminate TB and place it within the reach of every Indian in the country, leaving no one behind.

Chandrajit Banerjee

Director General

Confederation of Indian Industry

TB Scenario in India

Tuberculosis (TB) — has been one of the topmost prolific killers of humankind through the ages. It is a highly contagious infection wherein a patient can infect 10–15 people every year when left untreated.

In September 2018, the United Nations General Assembly convened the first-ever UN High-Level Meeting (UNHLM) on TB⁴ and a Political Declaration on the Fight Against TB⁵ was adopted and endorsed by world leaders that included ending the TB epidemic by 2030.

The Indian Prime Minister, Mr. Narendra Modi, has taken leadership in this fight and accorded a high priority for ending TB in India by 2025, five years ahead of the global target of ending the TB epidemic by 2030.

The National Strategic Plan of 2017–2025, a multi-sectoral initiative to fighting TB marks a departure from previous plans with a higher financial commitment, increased private sector engagement and a focus on a holistic approach. It emphasizes on providing financial and nutritional assistance, free diagnosis and treatment to all TB patients by 'going where the patient goes.' TB disproportionately affects the poor five times more⁶, revealing direct links between poor standards of living, poverty, malnutrition, compromised immunity and increased TB risk. TB also has a profound stigma associated with it and poses socioeconomic challenges with damaging financial consequences. The disease causes weakness, loss of weight, social exclusion, inability to work during treatment, often leading to loss of job and wages. At workplaces, TB causes workflow disruption, reduction in productivity, loss of employment, increases indirect costs related to care and treatment of employees. There are indirect costs, too, such as the replacement and retraining of workers.

Despite free diagnostic and treatment services offered under India's national TB program, about a third of TB patients continue to experience catastrophic costs of TB care (i.e., more than 20% of their annual household income).⁷ Due to the disproportionately high indirect costs in rural areas – attributable to distance from healthcare facilities, poor connectivity, loss of wages and less productivity – rural patients experience 1.2 times higher TB care costs than those from urban areas. Key populations such as informal workers, miners, migrants, tribal communities, marginalized populations, HIV patients are particularly more vulnerable to the disease, with devastating impacts.

The Government, therefore, called upon all stakeholders, especially the corporate sector, to join the fight to end TB. This led to the creation of the Corporate TB Pledge – a joint initiative of the Ministry of Health & Family Welfare, Government of India and USAID.

The pledge presents an opportunity to the corporate sector to mitigate damage caused by TB in their workforce as well as leverage their CSR resources and interventions to respond to Government's call for support with leadership, actions, and innovations.

More than 100 signatory companies have already committed their resources (including CSR resources) towards – spreading awareness about TB, training healthcare providers, strengthening diagnostic facilities, promoting active case finding, supporting results-based TB programs, and increasing access to TB treatment for employees and communities. Their interventions reach over 100,000 people per month.

This document captures some of these best practice models with a promise to inspire other corporate leaders and high-level decision-makers to adopt similar practices.

Since 1998, United States Agency for International Development (USAID) has partnered with the Government of India to combat TB, investing more than \$140 million to help diagnose and treat 15 million people with the disease. USAID has supported both the supply side of controlling TB in the form of enabling diagnosis and using technology for treatment adherence, as well as the demand side of care, in the way of patient support services, to enable patients to access and sustain treatment.

¹ World Health Organization. 2019. Global Tuberculosis Report 2019. Available from: https://www.who.int/tb/publications/global_report/en/2

² Global TB Caucus. (2017). The Price of a Pandemic 2017. https://docs.wixstatic.com/ugd/309c93_2709b6ff47c946fe97b94a72fd94e3.pdf?index=true

³ Reid et al. 2019. Building a tuberculosis-free world: The Lancet Commission on tuberculosis. Available from [http://dx.doi.org/10.1016/S0140-6736\(19\)30024-8](http://dx.doi.org/10.1016/S0140-6736(19)30024-8)

⁴ UNHLM on TB key targets and commitments. Geneva: Stop TB Partnership; 2019. http://www.stoptb.org/global/advocacy/unhlm_targets.asp

⁵ Political Declaration of the High-Level Meeting of the United Nations General Assembly on the Fight Against Tuberculosis. United to end tuberculosis: an urgent global response to a global epidemic. Resolution A/RES/73/3 adopted by the United Nations General Assembly on 10 October 2018. New York: United Nations General Assembly; 2018. https://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/3

⁶ Oxlade and Murray. 2012. Tuberculosis and Poverty: Why Are the Poor at Greater Risk in India? Available from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3501509/>

⁷ Prasanna et al. 2018. Catastrophic costs of tuberculosis care: a mixed methods study from Puducherry, India. Global Health Action 2018, VOL. 11, 1477493. Available from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6008578/pdf/zgha-11-1477493.pdf>



Representative Best Practices of TB Interventions

Diamond Member

Pitstop for Health

Apollo Tyres Foundation ensures access to TB care for truck drivers



“ Our 1st Healthcare Centre was established in 2000 at the transshipment hub of Delhi to spread awareness and prevent HIV/AIDS for our trucking community. This has now transformed into providing services on other emerging healthcare needs at our 32 different locations in 19 states across India. In 2017, we introduced Tuberculosis prevention programme as it usually co-exists with HIV. ”

– Onkar S Kanwar, Chairman, Apollo Tyres

Eight million truck drivers and twelve million helpers¹ criss-cross the country's highways for hours at a stretch. Belonging to different states and cities, they are away from their homes for 10–12 days to six months at a stretch.² Truckers have been identified by the National AIDS Control Organization as a Bridge Population³, as they are at higher risk and vulnerability of contracting infections like TB and HIV. Their nomadic lifestyle pose difficulties in TB treatment, which requires a referral for diagnostics and long-term medication. Inadequate follow-ups lead to high default rates as many of them disappear from the system.

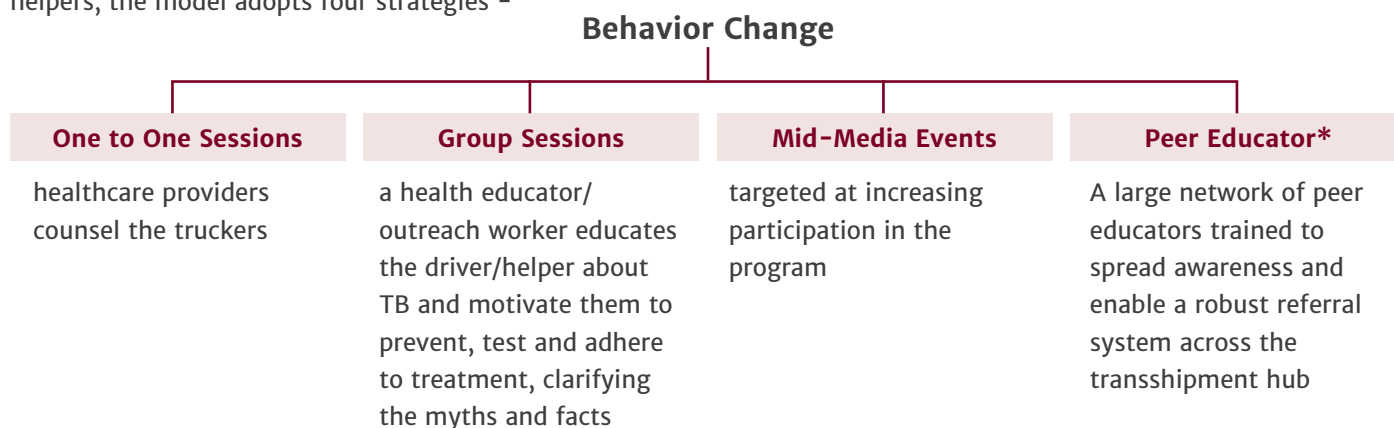
Intervention

Acknowledging the need to address health issues of this high-risk population, Apollo Tyres Foundation (ATF) established a preventative healthcare program in the year 2000 for the trucking community. The program has been established at 32 centers in major transshipment hubs across 19 states offering a full spectrum of preventive and tertiary health services for TB, HIV, eye care, non-communicable diseases such as diabetes and hypertension.

As a member of the Corporate TB Pledge (CTP) since 2019, ATF is provided technical support, resource material and other benefits by the CTP secretariat. This has led to a substantial expansion in the foundation's TB interventions – intensive program is now offered across 12 centers, from the earlier 5 centers. ATF has started a microscopy centre in Gwalior in partnership with the government. Their commitment to motivate other corporates and advocate for TB initiatives with all stakeholders has graduated them from a platinum to a diamond member. Their intervention has a focus on behavior change and early diagnosis and treatment of TB.

Behavior Change

To harness an attitude of 'prevention is better than cure' and bring out behavioral changes amongst the drivers and helpers, the model adopts four strategies –



* someone with a similar social background that the truckers can associate with like vendors, Dhaba owners and workers, mechanics, street vendor, workers of transport companies from the community

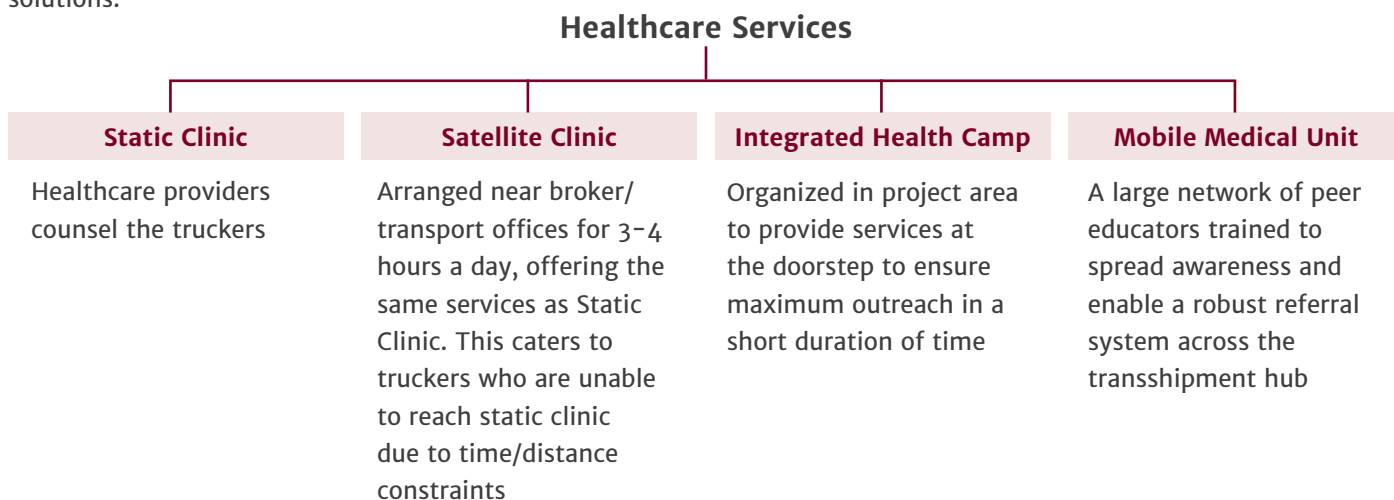
¹ Economic Times. 2020. Available on <https://economictimes.indiatimes.com/small-biz/sme-sector/hit-hard-by-the-virus-and-lack-of-demand-indias-trucking-industry-now-battles-shortage-of-drivers/articleshow/75173949.cms>

² World Health Organisation (Jose et al). Bulletin of the World Health Organization Tuberculosis control in vulnerable groups. Available from <https://www.who.int/bulletin/volumes/86/9/06-038737/en/>

³ Ministry of Health and Family Welfare Government of India. 2018. Guidance Document on TB – HIV Linkages for Targeted Intervention and Link Worker Scheme Available from <http://naco.gov.in/sites/default/files/Guidance%20Document%20on%20TB-HIV%20Linkages%20for%20Targeted%20Intervention%20and%20Link%20Worker%20Scheme.pdf>

Healthcare Services

Each trucker is given a unique registration number, which is valid at all healthcare centers to enable access to health services across state borders. The program adheres to confidential counselling where a trained counsellor devotes his/her time, attention and skills to support the drivers/ helpers in understanding their health issues and identify and act upon solutions.

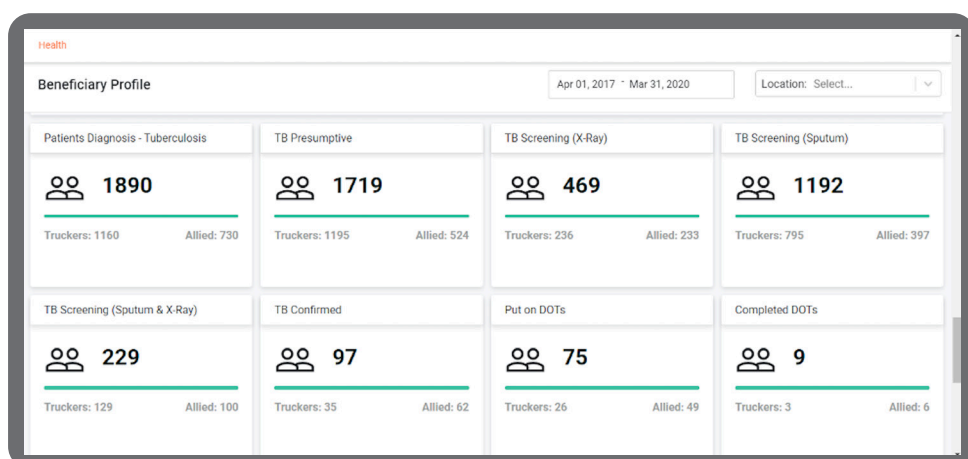


Impact

In the Financial Year 2019-20 itself, the behaviour change outreach benefitted 506,743 people (truckers and allied) for all health-related challenges, through one to one, one to group sessions and Mid-Media Events. Of this 411,727 individuals were truckers, which is over 81% of total coverage. Total beneficiaries who availed healthcare services through static clinics, satellite clinics, integrated health camps, and mobile medical units were 173,827 (with 78% new beneficiaries). Of these 115,853 were truckers, which is over 67% of total OPD.

Adding Nutrition Support

Using micro-funding from stakeholders and employees, ATF has also started providing nutrition support to 20 children across 2 centers, undergoing TB treatment, in coordination with the respective District TB Officer since January 2020.



MIS Tool capturing the impact numbers

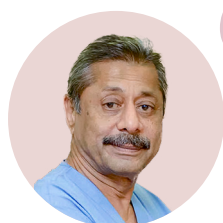
Key Lessons

With minimal resources, adequate training and technical support, TB management was introduced successfully in ongoing health services being offered to truckers. Additional support by the CTP secretariat intensified their commitment and increased outreach. The program has been prolific, deploying creative and fun tools like street theatre, pamphlets and conversation to engage with its audience. ATF's model facilitates continuous treatment to truckers at points of entry and exit in their journey, which is instrumental in ensuring adherence to treatment.

To cater to the high-risk population, additional interventions such as surveillance, behavior change communications, customized health service solutions tailored to their needs was made possible by this healthcare program. The recently introduced MIS Tool aids the foundation in tracking progress as well as using the data to analyze and make informed decisions for future interventions.

Finding the Missing TB Patients

Medanta Hospital bolsters the National TB Program striding towards a TB Free Haryana



Previously more than 8,00,000 cases of TB used to go undiagnosed and untreated in India. Screening and detection play a crucial role in the prevention and management of the disease. The private sector can play an important role in the prevention and treatment of TB by taking on a larger role in the eradication of the disease.

– Dr. Naresh Trehan, Chairman & Managing Director, Medanta Hospital

Despite rapid economic transformation over the last three decades, the state of Haryana has witnessed high rural-urban disparity with respect to access to quality healthcare. While the status of health infrastructure in Haryana is better than the national average, the provisions of healthcare facilities are largely concentrated in few pockets and locations in urban centers. About 92% of total hospitals in the state are located in urban areas. This, when 70% of the state's total population of 25 million souls (Census of India, 2011) reside in rural areas. In addition, there is a large marginalized migrating population, which is often unable to leave their daily wage jobs to access quality healthcare.

Most peripheral public health facilities – Primary and Community Health Centers (PHCs & CHCs) rely on one of the cheapest and quickest ways to screen TB patients – sputum microscopy. Due to high level of skills required in sputum microscopy upto half of the cases may go undetected. Medanta Hospital – one of India's largest super speciality hospital located in Haryana, stepped in to reach the unreachable – identify the missing sputum negative TB cases in Haryana.

Intervention

Mission TB Free Haryana, launched in 2015, is a public private partnership between the Government of Haryana and Medanta Hospital to increase access to TB care in rural Haryana. Medanta's tripartite intervention model is hinged on strengthening the robust National TB Program by finding missing TB patients and establishing linkages between the patients and the government health care and treatment services. **Medanta has mobilized over Rs. 30 million for the project.**

Three-pronged intervention strategy

<i>Championing pvt-pvt partnerships X-Ray Tests at rural government health facilities</i>	<i>Enhanced case finding Community outreach camp</i>	<i>Active case finding Door to door screening</i>
Medanta identified and activated corporates that shared their values – Siemens, Oriental Bank of Commerce, RJ Corps, Philips, RITES – who financed 3 vans fitted with X-Ray machines. The strategy was to complement the existing government system with additional diagnostic infrastructure. These X-Ray vans move across a cluster of districts in a cyclic manner, dedicating 4-6 weeks to each district, supporting each PHC/CHC by conducting X-rays of presumptive patients for almost a week and then returning again within 6-8 months to it. The routes of the vans are designed in consultation with the District TB Officers.	Community outreach activities is the second strategy to essentially spread awareness, screen and test anyone who is chest symptomatic. Community is informed ahead of the camp, using the help of the front line health workers like ASHA, ANMs who are essentially the link between the community and health services. Vans fitted with confirmatory, CBNAAT tests serve as a missing link. State-of-the-art services are delivered right at the doorstep of patients, reducing the delay in diagnosis.	The third strategy, added in November 2019 upon becoming a CTP Member, ensured 100% population coverage. Launched in a block of Pataudi, a team equipped with a questionnaire covered entire the block through door-to-door screening and identified patients. Local level stakeholders like ASHA workers, sarpanch and civil society organizations are engaged via meetings, workshops, etc. to increase awareness and community ownership. The entire continuum of care – awareness, screening, diagnosis, treatment and counselling for adherence, is offered in the block.

¹ Institute For Development and Communication Inter. 2014. Regional Disparities In Haryana, IDC For Department of Planning, Government of Haryana. Available at <http://esaharyana.gov.in/Portals/o/iri.pdf>

Impact

The X-ray vans have provided screening support across 19 of the 22 districts of the state. Of the total no. of people screened, about 30% had abnormal X-Rays and around 10% have been moved to the Directly Observed Treatment, Short-Course (DOTS) program said Dr. Bornali Dutta, Project Lead, Mission TB-Free Haryana. The success of the intervention is proven by the project being scaled up in 4 additional states of India – Uttar Pradesh, Rajasthan, Jharkhand and Meghalaya.

223,522

People
Screened

23,522

X-rays
Conducted

4,022

Patients
Identified

1,098

Outreach Camps
Conducted



Key Lessons

The model showcases that supporting the National government program by converging resources and filling gaps has proven successful. The project identified innovative solutions, effectively utilized resources available and mobilized additional funds from CSR kitties. This then, led to scaling up the project to include active case finding and a comprehensive approach in Pataudi block.

TB Free Haryana is also supported and guided by a consortium of partners – GE (technology partner), International Union against Tuberculosis and Lung Disease – IUTLD (The Union) (knowledge partner), and KPMG (monitoring partner).

Diamond Member

Leveraging Collective Impact

India Health Fund supports innovations to Eliminate TB



India Health Fund (IHF) is a unique organization which aims to accelerate progress towards the elimination of infectious diseases by supporting initiatives which develop solutions based on advances in science & technology to improve the diagnosis, treatment, prevention & monitoring of these diseases. IHF also works on innovations in business models, partnerships & financing mechanisms which help to significantly scale up these solutions – enabling impact at scale. We focus on enabling the lab to market journey of these solutions by bridging the gap in funding & mentorship to innovators & startups along with our partners and also facilitate implementation to ensure impact at scale.

– Madhav Joshi, CEO, IHF

The India Health Fund (IHF), a collaborative initiative led by the Tata Trusts, endeavors to leverage the power of collective impact to eliminate Tuberculosis (TB) by 2025 and malaria by 2030 from India. IHF collaborates with donors and investors to share investment decisions to support strategic projects and solutions aimed at the elimination of TB and malaria. It provides the platform to raise resources and channel the same towards supporting breakthrough innovations, which will help accelerate the removal of these infectious diseases. IHF has a formal engagement with the Central TB Division, The Global Fund, Indian Council of Medical Research, India TB Research Consortium, STOP TB Partnership, National Institute of Tuberculosis and Respiratory Diseases and other similar organizations.

Intervention

IHF has lent its constant support to the Centre for Health Research and Innovations (CHRI) and Molbio Diagnostics – TrueNat, an ICMR approved battery-operated portable tool for rapid and accurate point of care diagnosis of TB.

IHF has been involved with Qure.ai, which has a smart phone-based Chest X-Ray Tuberculosis Triage for Analog X-Rays and a web-based solution for Digital X-rays which are a first of its kind in India. The main aim is to reduce delays in the diagnosis of Tuberculosis among patients in underserved areas.

Sensedose Technologies has collaborated with IHF for Tuberculosis Monitoring and Evaluation Adherence Device (TMEAD), which is an innovative device to provide a solution for drug adherence and follow-up of patients. By deploying this innovation in Nashik and Nagpur in the future, it will help to demonstrate the adherence and completion of treatment by patients and reduce the spread of infection.

Similarly, Valetude Primus Healthcare Pvt. Ltd is aiming to use safe sample collection & patented immuno-magnetic cell capture technology to enable faster diagnosis of TB at community level without the help of skilled technicians. Sputum samples will be directly collected in capture bottles, thereby protecting the healthcare worker from unnecessary exposure to infection. IHF is supporting the pilot clinical investigations in partnership with Jamia Hamdard University and Safdarjung hospital in New Delhi that will commence shortly.

Impact

IHF's support for the development of technologies & facilitating the implementation of their solutions at scale ensures maximizing their impact. This, in turn provides scale-able innovative solutions to the challenges of TB management.

With the support of IHF

- Protocol for processes of TrueNat is being developed in 5 sub-districts in UP in partnership with CHRI
- Screening of 100,000 analogue X-rays are being undertaken in 5 highly endemic aspirational districts in UP, Rajasthan and Maharashtra
- The validation of the TMEAD pilot is underway

The success of these initiatives will reduce delays in diagnosis of Tuberculosis among patients in underserved areas. It will enable faster access to the Public Health System. The platforms actively used for addressing TB screening and diagnosis are also being adapted to focus on multi-disease platforms for future to fight infections like the novel coronavirus.



Key Lessons

IHF's support to the development of disruptive solutions by Indian innovators and entrepreneurs who leverage advances in diagnostics, data analytics and AI, digital technology and product design will accelerate the progress towards TB-Free India. Forging partnerships and collaborations is instrumental to take the portfolio of innovations to the communities to improve health outcomes. Encouraging and supporting portfolios to repurpose and adapt its platform solutions also helps address pandemics like COVID.

Diamond Member

May the BEST Win

Introducing TB Workplace Policy benefits thousands of BEST employees



Workplace is the most convenient platform to introduce any health policy, as it not only impacts the employee and their families, but the whole society at large. We, therefore, take utmost care to maintain the health of our workers. Our TB policy and intervention is a significant step and commitment in this direction.

– Dr Anil Kumar Singal, Chief Medical Officer, BEST

BEST, the lifeline of Mumbai, has over 40,000 employees, 840 contractual laborers, serving 3.5 million commuters daily and providing electricity to over a million Mumbai homes. A socially conscious employer, BEST has always centered its various welfare policies and schemes around its employees. Employee absenteeism resulting from TB costs the world economy USD 12 billion annually¹. In India alone TB causes a loss of around 100 million workdays per year.² Further TB keeps people from climbing out of poverty for 7 years after they have completed the treatment.³

In 2011, employee absenteeism in BEST due to TB was as high as a full year.

TB Workplace Policy at BEST includes all the 4 principles of prevention:

- *Primordial prevention – preventing the risk factors for TB.*
- *Primary prevention – modifying the risk factors for TB.*
- *Secondary prevention – preventing disability and death from TB by early diagnosis and optimum care and support.*
- *Tertiary prevention – To overcome the disease related anxiety / depression and to restore the health at earliest, TB infected employees entitled for special extraordinary benefits.*

Intervention

To reduce TB related morbidity and mortality amongst its employees and their families, medical department of BEST introduced TB Workplace Policy in the year 2011 Standard of TB care in BEST. This policy has directly benefited more than 1000 BEST employees.

In partnership with Mumbai District TB Cell, BEST provides its employees a full scope of diagnostic and treatment facilities, alongside employee benefits such as paid leave, accommodation and a stigma-free work environment.

BEST employees can get themselves diagnosed and treated at its 26 fully-staffed in-house depot dispensaries and the Mumbai Central Bus Depot Dispensary and Investigation Centre — the latter offering a single-window service to those fighting HIV-TB co-infection. The employees can access free TB treatment and facilities in-house or at a DOTS centre near home, and also consult specialists like pulmonologists, cardiologists and ophthalmologists to manage the side-effects of TB medication. A monthly three-tier follow-up system has been devised, through the DOTS centre, the depot dispensary and the Mumbai Central dispensary. If patients need hospitalization, they can go to hospitals empaneled by BEST to seek treatment, either free or at a subsidized cost.

In addition, employees are eligible for benefits like leave with pay for up to one year, (in some cases, up to three years). Employees who develop physical disabilities post treatment are entitled to accommodation and an alternate assignment on same payon same pay. Also, a high-protein diet is available at concessional rates at the depot, workshop and mobile canteens run by BEST.

¹ World Health Organization. The burden of tuberculosis: Economic burden. Available from https://www.who.int/trade/distance_learning/gpgh/gpgh3/en/index7.html

² World Health Organization. Engaging workplaces in TB care and control. Available from <https://www.who.int/tb/careproviders/ppm/EngagingworkplacesYesudian.pdf>

³ Reid et. Al. 2019. Building a tuberculosis-free world: The Lancet Commission on tuberculosis. Available from [http://dx.doi.org/10.1016/S0140-6736\(19\)30024-8](http://dx.doi.org/10.1016/S0140-6736(19)30024-8)

There are regular trainings for the medical staff, and counselling for patients and their families which is critical for treatment adherence. In addition, there are awareness activities through a web of peer educators, counsellors, and publicity material displayed in buses, bus shelters, etc. BEST also conducts recreational activities like yoga and stress management camps, held in collaboration with the KEM Hospital. With a senior management determined to ensuring the health of its staff— they have an in-house Disability Board.

Supported by the CTP secretariat, BEST further amplified its work and awareness activities last year. To mark the World TB Day 2020 BEST undertook handkerchief campaign, sticker campaign, sunlight campaign; gave lectures on TB across all its office and the Chief Medical officer gave a radio interview for larger public interest.

Impact

100%
Treatment
Adherence

98%
Reduction in
hospitalization

More than
95%
cure rate

27.4%
Reduction in new
TB cases from
2015-2019

0
Deaths due
to TB in last
2 years

Sickness
absenteeism
due to TB
halved since
2012



Key Lessons

BEST model stands out as one of the most all-encompassing programmes, and proves that with the right amount of support, TB can indeed become history. Integrating TB response with other health initiatives, supported by senior management is most productive and efficient in the long run. Focus on employee-centric policies, building a sensitive and supportive workplace environment, regular awareness activities and peer-education model ensured maximum impact and moral-boost for the employees, increasing employee retention. Establishing effective linkages with government programs and services and providing access to treatment at workplace, wherever possible, enabled sustainability to the interventions.

Tea Estates Efforts to End TB

Goodricke Group marches towards making it's tea gardens TB Free



Tuberculosis (TB) is an infectious disease and if not monitored properly can spread at a fast pace. We must strengthen our diagnostic facilities and surveillance system for its early diagnosis, prompt treatment and subsequent control. The nutritional aspect should also be looked into and a healthy balanced diet should be given to those affected by TB and MDR-TB. Let's work together towards 100% elimination of Tuberculosis by the year 2025.

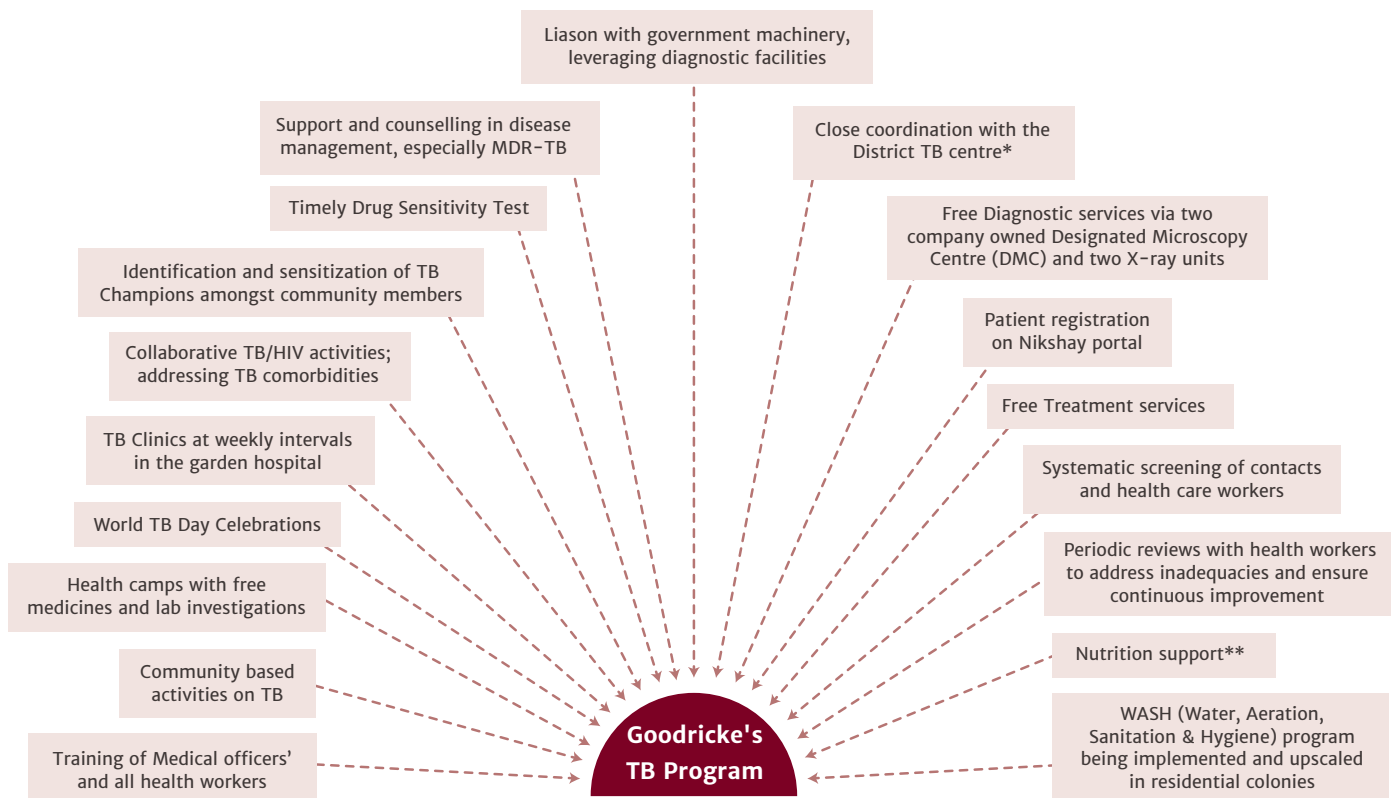
– Mr. Atul Asthana, MD, Goodricke Group Ltd

Goodricke Group Ltd – part of Camellia Plc, an international group of diverse companies, has tea estates and factories located across Assam and West Bengal including in the Darjeeling hills. About 180,000 workers and their families live within the tea estates in housing provided by the company.

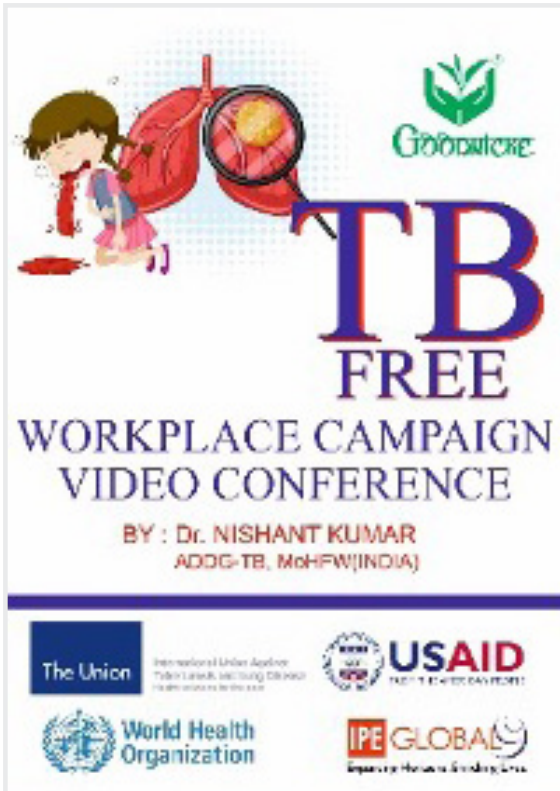
The health of this large population is looked after by a strong and dedicated team of doctors and trained para medical staff who run 33 hospitals and 3 dispensaries. However, Tuberculosis remains a major health problem amongst tea garden workers. Factors such as illiteracy, alcohol and tobacco consumption, living conditions and unbalanced dietary practices of the community, and delay in seeking TB treatment make them a high-risk group.

Intervention

Responding to the launch of the Revised National TB Program in early 2000s, Goodricke Group adopted TB interventions across all ongoing health services since early 2000s. Goodricke's program has grown into a large scale well-designed holistic model that includes training of staff, awareness generation activities amongst the high-risk groups, active case finding, contact screening, early diagnosis, free treatment supported with counselling and follow-ups with close linkages with the National TB Program. Non-workers residing in the gardens are also included in their TB elimination program.



* To ensure quality uninterrupted medicine supply for patients and laboratory consumables for DMC
 ** Food Grain support (12kg rice/month) and one boiled egg daily is provided to all TB Patients



As a diamond member, they were provided technical and programmatic support by the CTP secretariat to further build up Goodricke Groups TB interventions. As a result, strategic collaborations with the NTEP led to all Medical officers of Assam being trained on TB care; World TB Day was celebrated with rallies by school children; trainings were also organized for TB survivors to become TB champions who are effective peer educators and offer emotional support to people with TB; workers of the tea gardens undertook a pledge to eliminate TB. With the help of the training, draft policies, IEC material shared by the CTP team TB Free workplace campaign has also been launched.



21-years-old Priyanka Lohora had no exposure to TB patients in her family. However, when she showed symptoms of cough for 2 weeks, occasional low grade fever, weakness and loss of weight, the health worker promptly arranged a sputum and CB-NAAT test at the nearest microscopy center. Diagnosed with MDR TB she was admitted at Jalpaiguri TB hospital for 14 days. On her return home, for the remaining 9 months of treatment, the Goodricke health worker supported her with nutritional supplements, managing adverse drug reactions and encouraging her to complete treatment. All her family contacts and neighbours were also screened for TB. This resulted in her timely treatment, prevention of secondary cases and complete cure.

Impact

With an average of 400+ TB cases being diagnosed annually, the intervention has identified 1749 TB cases between 2016-2019 across the tea estate.

Awareness generation, advocacy, communication and community engagement has increased demand for early diagnosis and treatment, combat stigma and discrimination and empowered people affected by TB. Inclusion of workers families in the program, has closed the gaps in reaching those missed earlier. The free treatment and admission of all TB Patients during the initial phase has led to reduction in the treatment drop-out cases. Counselling and nutrition support has increased treatment adherence significantly. Linkages with District TB Cell and district diagnostic facilities in 8 districts in Assam & 3 districts in West Bengal has improved access and delivery of TB diagnostic and treatment services.

Key Lessons

The multi-pronged strategies coupled with commitment to combat the public health menace of TB amongst its high-risk tea workers has made the model successful. The intervention encompasses community engagement to increase knowledge base and encourage health seeking behaviour; early detection and diagnosis; active case finding and contact screening; free treatment supported with nutrition supplementation and counselling. It leverages existing health infrastructure of the government program as well as that of Goodricke – making the model resource efficient. The addition of investing in X-Ray units and setting up Designated Microscopic Centers contributed significantly to early detection, while identifying and nurturing TB champions from the community itself ensured continuous messaging and treatment adherence amongst patients.

Platinum Member

No Home for TB

GAIL (India) Ltd launches 360° model for TB eradication in Uttar Pradesh



“TB Free Pata programme of GAIL has proven to be successful in a very short span as it has significantly increased people’s awareness about Tuberculosis. Most of the TB cases have been identified through our outreach health workers and treatment has been initiated for such cases. With the medicinal and moral support being extended under the programme, there has been a tremendous improvement in the health of identified cases and the programme has garnered appreciation both by the village representatives and Government Departments.”

– Dr. Chandra Tripathi, Chief General Manager (Medical Services), Corporate Office GAIL

Uttar Pradesh has the highest TB burden in the country, with over 486,000 new cases being reported in 2019.¹ The residents of villages near GAIL’s “Pata Petrochemical complex,” named after a small village Pata in the district Auraiya, have always needed an anchoring entity for community outreach that would link them to the government facilities. Even for TB elimination — right from active case-finding to accurate diagnosis, treatment, counseling, and nutritional support — the community needed hand-holding to access the services offered by the national TB program.

Impact in two years

People Covered

1.14 Million

Villages Outreach

529 Villages

Presumptive TB Cases Screened

13,300+

Confirmed Cases

**909 (Including
39 MDR cases)**

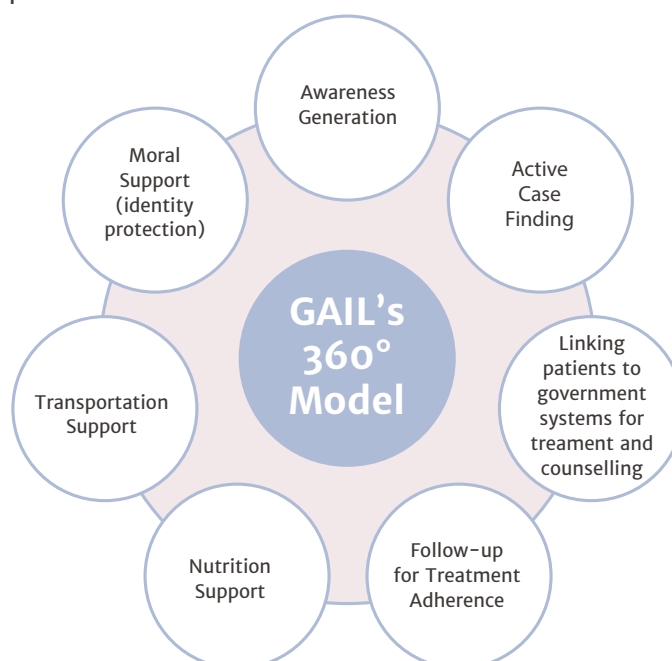
Patients Cured

417

Intervention

The GAIL (India) Limited, a Maharatna CPSE in Natural Gas value chain and Petrochemical giant, intervened to be the missing link in the region and launched the initiative ‘TB Free Pata’- inspired by a small village named Pata,— literally translating to ‘an address free from TB.’

With a resource commitment of Rs 10 million, GAIL’s project was launched in January 2018, with Wockhardt Foundation as the implementation partner and The Union providing technical support.



¹ Ministry of Health & Family Welfare, Government of India. 2019. Available from Nikshay Portal

The project offers a full spectrum of services from awareness generation, door-to-door case finding through the mobile medical unit, X-ray & CBNAAT testing, accompanied referral & linking confirmed patients with government facilities for treatment and counseling. In addition to these, the program offers a second layer of support to patients: nutritional support in the form of multivitamins, digestive syrups, care, follow-ups and free transportation. Lastly, it also recognizes stigma as a critical issue in TB treatment, and therefore, protects the identity of patients.

The programme's initial success led to immediate expansion to Firozabad in Uttar Pradesh and Barpeta in Assam in March 2019 on the World TB day with additional resource commitment of Rs 18 million. The project has been recognized by local panchayat representatives as well as government departments for the tremendous health benefits it has reaped for citizens. Since becoming a CTP member, more emphasis has been paid on introducing technology-based interventions and aligning GAIL's interventions with the national goals.



Key Lessons

GAILs multi-layered model encompasses screening, establishing government linkages for TB patients, providing nutrition support, counselling services and ensuring stigma-free services. To overcome the challenge of reaching the unreached patients and increasing access to TB care in India— a well-resourced comprehensive and bold model that supports the patients end to end has proven to be successful in the rural areas. Learnings from this tested methodology may further be useful to target other health challenges of remote rural areas of the country, especially immediately in handling/containing pandemic of COVID-19.

Platinum Member

TB Free Workplace Campaign

Becton Dickinson brings home its' TB Free commitments for its employees



BD is strengthening the National TB Elimination Program (NTEP)'s available capabilities in Liquid Culture diagnosis to detect the bacteria and identify the sensitive drugs for an effective case management through STRIDES partnership with USAID. BD South Asia leadership and associates have also taken a pledge to facilitate all the services and counselling available to any BD associate suspected to have contracted TB.

– Pavan Mocherla, Managing Director, BD South Asia

Becton Dickinson (BD) is a global medical technology company that is advancing the world of health by improving medical discovery, diagnostics and the delivery of care. In India, BD has nearly 1000 associates working across 700 cities and towns. They have successfully developed technology that helps in diagnosis of TB drug sensitivity. This helps clinicians prescribe appropriate anti-tubercular drugs, which in turn helps in combating multi-drug resistance TB. These are the BACTEC™ MGIT™ automated mycobacterial detection system. Over 100 of these fully automated solution for mycobacterial liquid culture and susceptibility testing have already been installed in India.

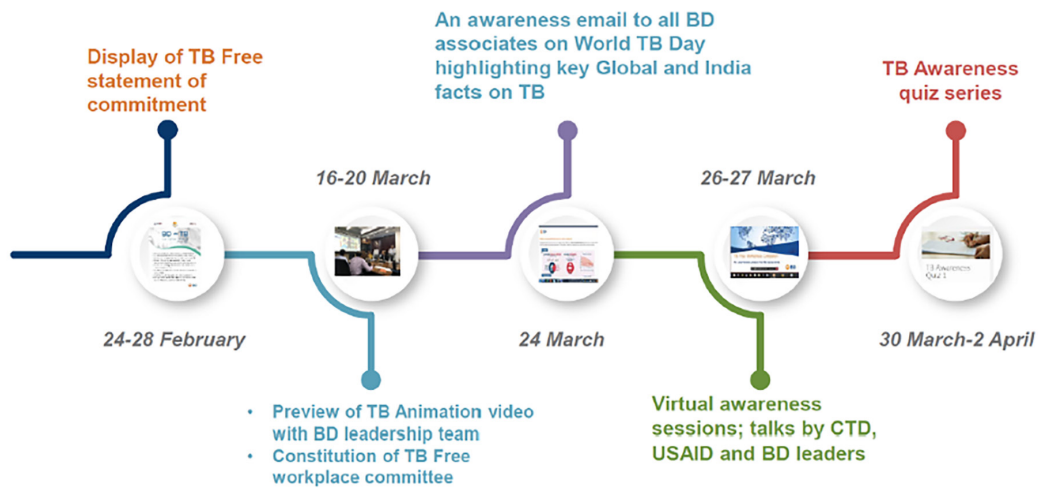
Change begins at Home

BD's vision of "Together, advancing the world of health" is perceptively aligned with the goal of "TB Free India" with its partnership in Strengthen TB Resistance Testing & Diagnostic Systems (STRIDES). With BD's fast-growing footprint and family of employees in India, where better to start the journey towards this goal but at home. BD initiated the TB Free Workplace campaign to not only communicate the gravity of this disease in its family but also to inculcate the STRIDES vision.

BD and The United States Agency for International Development (USAID) have been making STRIDES against MDR-TB through a multi country strategic partnership to improve access to and capacity for TB and drug resistant (DR) TB diagnosis. Since the year 2018, in India, STRIDES has been supporting the National TB Elimination Program (NTEP) of the Central TB Division (CTD) through numerous lab system strengthening interventions that include capacity buildings and assessments of the staff of the National and Intermediate Reference Laboratories (NRLs & IRLs).

Intervention

To commemorate World TB Day, 2020, a "TB Free Workplace" (TBFW) campaign was launched under the Corporate TB Pledge. The campaign began with the TB Free commitment posters being displayed across all 11 work offices in India, briefing of the Leadership team, including Mr. Pavan Mocherla, Managing Director, India and South East Asia, and development of the constitution of TB Free workplace campaign committee. Each member of the committee was designated as TB Pledge Ambassador committed to mobilize maximum participation in the TBFW campaign and facilitate in identifying the associates who might require further screening for TB.



TB Free Workplace Campaign Timeline

The campaign was set in motion through virtual TB training session for all BD associates. Each session featured talks by Central TB Division (CTD), United States Agency for International Development (USAID) and BD leaders. The BD associates were apprised about the ongoing national program, the current challenges and the call to action for them. Ultimately the campaign culminated with a 4 quiz series to help reinforce what they learned during the sessions. A total of 490 associates joined these sessions – almost 50% of the workforce. BD commissioned the campaign as per the guidance and technical support received from the CTP Secretariat.



Impact

With the endorsement and support of the top leadership of BD, the TB Free workplace campaign has educated the entire family of employees on TB. The TB Committee and Ambassadors are committed to make TB Free workplaces a priority within BD. To develop the knowledge, BD quizzed its staff for an intuitive training program. Over half the questions were answered accurately benchmarking the capacity across the organisation.

Key Lessons

The model illustrates BD and its top leadership's commitment towards eradicating the disease through the successful TB Free workplace campaign. The continuous engagement and technical support by the Corporate TB Pledge Secretariat along with the facilitation and assistance by the resource persons, helped make the campaign a success. The well-designed campaign was customized to the needs of the employees and was executed virtually in compliance to the Covid 19 lockdown norms.

Platinum Member

Purposeful Collaborative Programs to Address TB

Johnson & Johnson expands initiatives to help Eliminate TB in India



TB is a devastating disease that needlessly claims nearly half a million lives in India every year. The emergence of drug-resistant TB (DR-TB) is even more worrisome. Fortunately, we have better tools today than ever before, which offer new hope to patients, families and communities affected by TB. What is needed now – and urgently – is coordinated action. This is why we are proud to collaborate with the International Union Against Tuberculosis and Lung Disease (The Union) to support efforts aimed at building the capacity of public sector healthcare providers for the effective management of DR-TB. I'm confident that these efforts will help elevate the standard of care for DR-TB management in the country, thereby contributing to India's goal of eradicating TB by 2025.

– Sarthak Ranade, Managing Director, Janssen India, Johnson & Johnson Private Limited

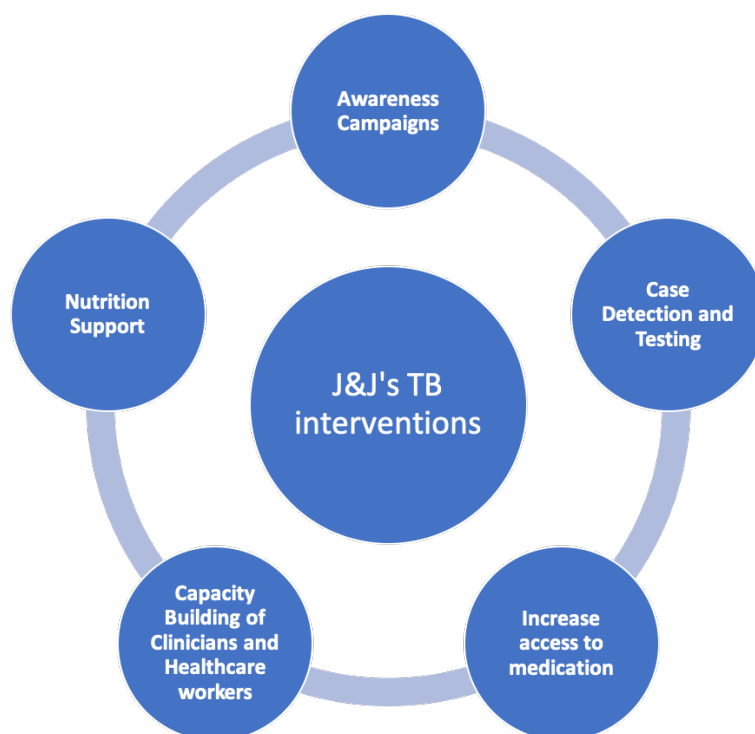
Johnson & Johnson believes good health is the foundation of vibrant lives, thriving communities and forward progress. Over the last 70 years in India, it has improved the health and well-being of people by providing Consumer Healthcare, Medical Devices and Pharmaceuticals. Committed to supporting the Government of India in realizing its vision of a TB-free India by 2025, it has been working with the Government and other partners to take a holistic approach to eliminate TB.

Growing resistance to the most commonly used drugs compounds the public health challenge of TB, with 66,359 MDR-TB cases registered across India in 2019.¹ Improvements in diagnosis and treatment rates are needed to help control the TB epidemic.

Intervention

With a long legacy of giving and ranked consistently among the leading corporate donors in the world, J&J has established strong partnerships with governments and local community groups to address significant health-related issues such as Tuberculosis. They have a series of programs in partnerships with several multilateral and non-governmental organizations (NGOs), as well as the Government of India.

Their programs aim to broaden appropriate access to treatment for multidrug-resistant TB (MDR-TB), improve detection of undiagnosed cases, build critical health systems capacity, and raise awareness about TB at the community level. In 2019, J&J committed to investing \$500 million globally over the next four years to help end the TB and HIV epidemics.



¹ Ministry of Health & Family Welfare, Government of India. India TB Report 2020 Available on: <https://tbcindia.gov.in/showfile.php?lid=3538>

Impact

Since 2016, J&J's programs to support the Government of India's vision to eliminate TB has had a wide-scale impact. These include:

- The first-of-its-kind “edutainment” campaign in India – The MTV Nishedh developed by the MTV Staying Alive Foundation. To ensure inclusion of TB messaging in the campaign aimed at raising awareness and reducing stigma around health issues among young people in India The campaign cumulatively reached more than 10 million Indians via MTV India, Colors Rishtey, and VOOT.
- Mass transit campaign - involved 24,000 auto- rickshaws, 21,000 buses, 200 taxis, 56 trains, 6 radio stations, 112 theatre screens and 590 street plays across the cities of Hyderabad, Mumbai, Nagpur, Delhi and Patna to increase community awareness on TB.
- Partnerships with state governments and non-governmental organizations that provided over 50,000 X-ray tests, ~21,000 molecular tests and 400 ECG machines to enhance early diagnosis and initiation of appropriate treatment. Approximately 7,600 TB cases and 1,000 DR-TB cases have been diagnosed through these interventions across the states of Maharashtra, Bihar and Gujarat.
- Training of more than 15,000 healthcare professionals across 13 high-burden states in the clinical management of TB and MDR-TB.
- Building governments' capacity for the introduction of bedaquiline, a drug-released specifically to treat MDR-TB patients, over 22,000 courses of Bedaquiline were donated to India through a global donation program operated in partnership with the USAID.
- Providing nutritional support to approximately 6,000 TB and MDR-TB patients across six states.

After becoming a member of the Corporate TB Pledge, in October 2019, J&J and The Union joined hands to improve the quality of Drug Resistant-TB (DR-TB) care by building programmatic/clinical capacities across seven high DR-TB burden states in India covering 247 districts. Nineteen workshops and over 350 periodic meetings to enable managing DR-TB across nodal and district DR-TB centers will be conducted. In addition, scientific material such as posters, flipbooks, flyers and videos based on the latest guidelines would be distributed among trained healthcare providers and placed at treatment centers to serve as a ready reckoner. Amidst the COVID-19 pandemic, initial trainings have been conducted virtually with over 1,500 healthcare professionals participating across 14 webinars between April - June 2020. These webinars have helped national experts address clinical and programmatic queries of clinicians and healthcare workers. Pre- and post-training evaluations demonstrate a significant increase in knowledge of the latest PMDT guidelines among participants.



Key Lessons

As one of the world's largest healthcare companies, Johnson & Johnson's deep engagement in global health innovation coupled with collaborative work with governments and strategic partners can be instrumental in impacting the TB landscape of India. Their various models of partnerships reflect a profound understanding of Tuberculosis, health systems and determinants of health as the cornerstones of successful initiatives undertaken by J&J in India.

Supporting the Government's Mission to End TB

Mylan adopts multi-pronged strategies in TB interventions



Mylan has a global commitment to transform the TB treatment landscape through greater access and affordability. Mylan is partnering with the Government of India in their program for TB elimination by 2025, by helping patients in India with increased access to treatment. With the introduction of critical life-saving drugs, we continue our mission to ensure affordable and sustainable access to new TB treatments for vulnerable patients.

– Mr. Rakesh Bamzai, President, India and Emerging Markets, Mylan

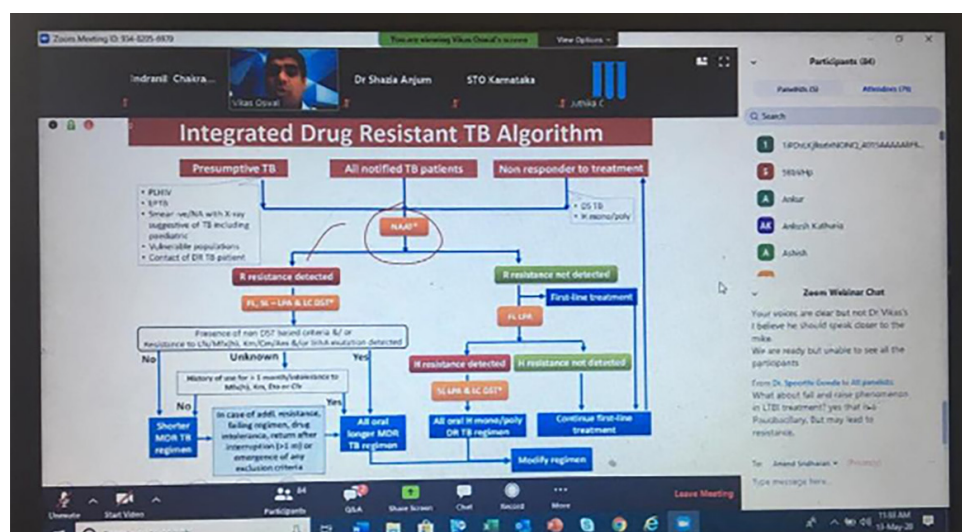
TB continues to be a major health challenge in India. Active Case Finding is the key to identifying high-risk cases in the community. Identification of high-risk cases followed by diagnosis, awareness building, and treatment could prevent further spread of the infection, particularly in vulnerable age groups. Mylan, a global company, therefore, undertook a project aimed at supporting India's mission to eliminate TB by 2025.

Intervention

A pilot project of the National Strategic Planning (2017-2025) by Indian Government, was initiated by Mylan, in partnership of AIDENT and with support from NITI Aayog to eradicate Tuberculosis in Bahraich, an aspirational district of UP, by means of Active Case Finding (ACF). The project is also aimed at enhancing education among health workers while spreading community awareness on the importance of timely diagnosis and treatment. The following interventions were micro-planned with guidance from NITI Aayog.

1. Active Case Finding: Finding the high-risk cases through door-door household survey with standard questionnaire. 100% contact screening was conducted amongst the family members of confirmed TB patients
2. Public awareness on Tuberculosis and distribution of educational material
3. Capacity building of health workers for TB management

Upon becoming a platinum member, the CTP secretariat supported Mylan in organizing an awareness session at their corporate office in Bangalore on June 29, 2019. TB myths and awareness was discussed during the interactive session with several striking stories of TB warriors and survivors. Over 300 of Mylan employees were oriented.



Impact

In Bahraich, Uttar Pradesh – more than 1 million people were surveyed

- The Active Case Finding covered 1,235,280 people from five blocks of Bahraich district
- 6,070 high-risk cases were tested
- 617 TB cases were detected
- Over 700 new TB patients were linked with the public health system
- 969 TB cases were notified during the period of Dec'18 – May 19
 - Of this private sector notifications were 253
 - 77 MDR-TB cases were reported



Key Lessons

Mylan's model draws on an active dialogue with the Central and State Government. The interventions respond to the Government's call to action.

Information, Education and Communication (IEC) played a vital role in boosting awareness in the community. To ensure efficient and effective use of IEC materials, a distribution network was enabled as the project activities commenced. National Tuberculosis Elimination Program's (NTEP) IEC materials were reprinted on hoardings, replicated as wall paintings, and distributed as posters, stickers, leaflets. Over 120,000 leaflets were distributed during the ACF. This comprehensive IEC plan, extensive active case finding coupled with other key activities, led to significant outcomes. State officials and NTEP constantly supported the project by monitoring the results of activities.

Platinum Member

Healing in the Hills

J.V. Gokal Charity Trust's Designated Microscopic Centre and Awareness Drives to Bridge the Gap in Mao, Manipur



We believe that providing access to diagnosis and treatment of TB shall augment stakeholders resolve in early elimination of TB from India.

– Dr. Amol Jadhav, Head – Medical Operations, J. V. Gokal Charity Trust

Senapati district in Manipur is known for its lush green valleys, deep gorges and crystal clear rivers. However, the flip side to its idyllic beauty is the difficult daily lives of its inhabitants, who have to trudge several kilometres until they can access even the most basic of facilities. Even with one Community Health Center and two Primary Health Centers in the Mao block of Senapati district, the difficult terrain makes it difficult for the population of 41,000 people across 26 villages to access health care. Conducting awareness campaigns and encouraging patients to access healthcare facilities in itself is a huge challenge.

While in big cities, several private enterprises support government's TB program, Senapati region with a forest cover was often overlooked. This is when J.V. Gokal Charity Trust (JVGT), NGO based in Maharashtra, decided to intervene.



Intervention

In partnership with a local NGO InTOUCH, JVGT had been operating an affordable Healthcare Center, InTOUCH Health Science Centre, at Mao village in Senapati district. Through this center, Doctors' consultation and medicines along with diagnostic services are provided at highly subsidized cost to beneficiaries. In the year 2018, JVGT signed a Memorandum of Understanding (MoU) with District TB Officer, Senapati District to start a Designated Microscopy Centre (DMC) cum DOTS Centre at their existing health center. The MoU established JVGT's clinic as a public-private partnership model with all the consumables like drugs and diagnostics for TB being supplied by the government including management of MDR TB cases. At present, the clinic is serving 10 villages in and around Mao in the area of TB awareness, active case detection, diagnosis, providing counselling to TB patients, treatment, nutrition (protein powder supplement), etc.

After becoming a CTP member, JVGT has adopted statement of commitment for stigma free work place. JVGT is also being supported for standardization of data collection and with IEC material.

JVGT's future plans include expanding the reach to include another 10 villages by appointing additional volunteers with fixed honorarium. To address the stigma and increase knowledge levels, JVGT plans to engage with religious leaders, Panchayati Raj Institution (PRI) members, frontline health workers (ASHAs, ANMs, anganwadi workers) and beneficiaries of anganwadis to deepen community engagement at all the villages.

Impact

On an average more than 10 presumptive cases are screened every month at DMC since its inception. This has led to increased case notification from the area as well as increased knowledge levels about the disease. The outreach work has also led to reduced stigma around TB in the community.



MANIPUR

01AA 208554

Memorandum of Understanding

Revised National Tuberculosis Control Programme

Memorandum of Understanding (MoU) for the participation of Non-Governmental Organisations (NGOs)/Private Providers/PPP Partner

This MOU is executed on between the DHS, RNTCP, S&A District/State Health Society [Name of the District/State Health Society] having its office at Senapati [Address], acting through its Jt. Secretary - State TB Officer (Hereinafter called "the Grantor, which expression shall unless exclude by or repugnant to the context include its successors in-interest, executors, administrators and legal representatives) and INTOUCH [Name of NGO/ Private Provider/ private sector partner] hence forth referred to as PPP Partner, having its office at Kayim HAO [address] acting through its (Hereinafter called "the Grantee", which expression shall unless excluded by or repugnant to the context include its successors its interest, executors, administrators and legal representatives).

WHEREAS the Grantor plans to implement "RNTCP (Revised National TB Control Programme) the partnership option

1. through the Grantee [list out the partnership option]

AND WHEREAS the Grantor has agreed to engage the services of the Grantee, subject to terms and as hereunder.

1. The activities would be implemented in the District/s of SENAPATI DISTRICT [Name of District/s], in the State/s / Union Territory of MANIPUR [Name of States / UTs] for performance of the following activities in accordance with RNTCP policy;

2. Project Location SONG SONG, NAO

The PPP Partner would be providing the services as specified above at the following location/ (s) as decided in consultation with concerned DTO/STO

- a. Urban/ Rural
- b. District/ TU/ Block/ (s): SENAPATI/SENAPATI/NAO-HARAM

Jt. Secretary
D. S. RNTCP
Senapati

Secretary
INTOUCH

Scanned with CamScanner

MOU signed with the Government for collaborative work

Key Lessons

JVGCT has addressed a critical gap in ensuring affordable access to care in a hard-to-navigate terrain, while simultaneously, building health seeking behaviour and addressing stigma against TB in the community. The model leverages the government program by working in close collaboration with it. MoU with the National TB Elimination Program provides for regular training of staff, coverage of diagnostic costs, timely supply of medicines. This has played a critical role in ensuring efficient utilization of resources, thus avoiding duplication.

When Nutrition is Cure

Nayara Energy’s Nutritional Artillery Fights Tuberculosis



“Our health & nutrition programs aim to improve the levels of nutrition in Devbhumi Dwarka, contributing to the overall progress of the region and making it free from instances of undernutrition.”

– Anup Vikal, Chief Financial Officer, Nayara Energy

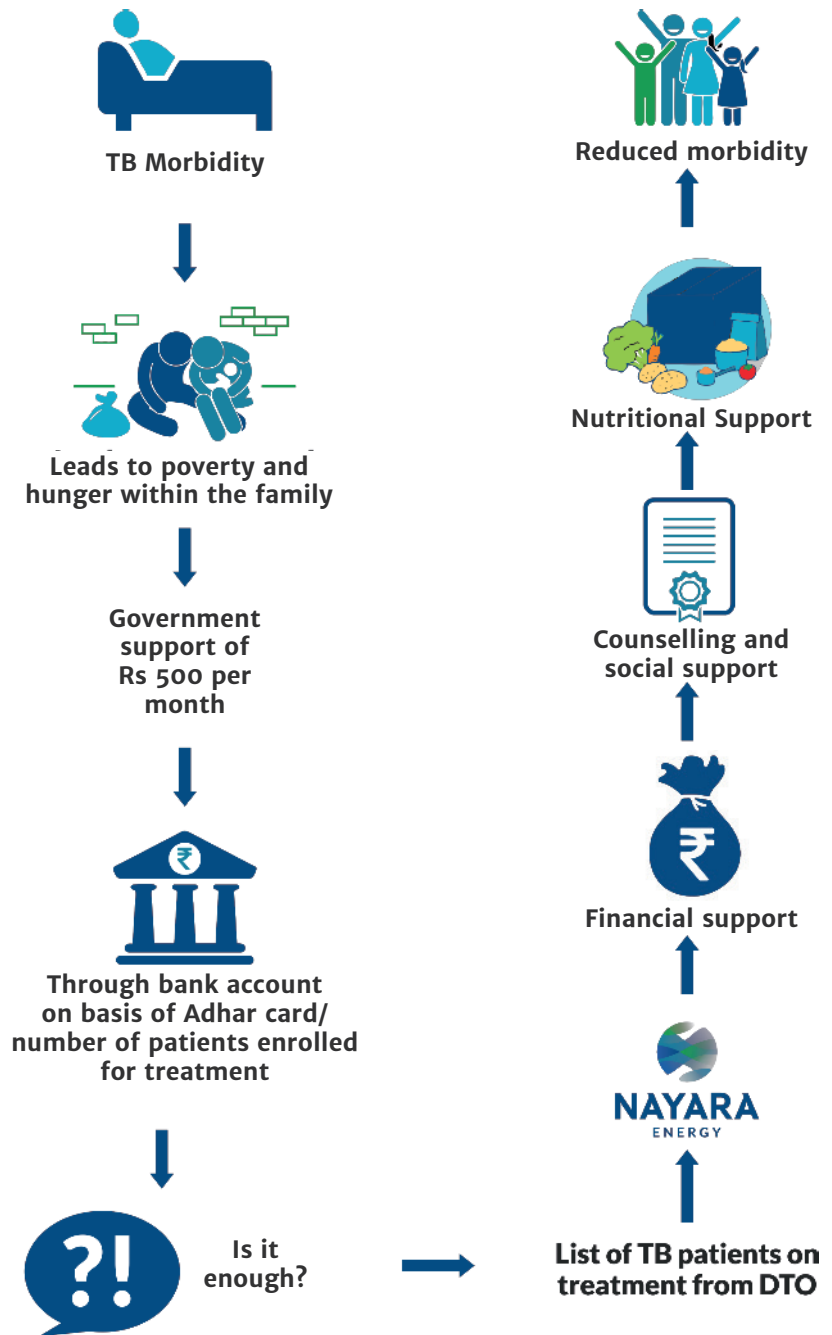
The journey for TB patients in India from the onset of the symptoms to correct treatment initiation is long and complex, and can often take up to 65 days.¹ Let us understand the case of Resham, a 4-year-old whose father is a waiter at a hotel in Khambhaliya, Gujarat. Diagnosing Resham’s Tuberculosis, getting referred to the government facility, and initiating his free medication took a while. By then, his father had lost his job while looking after the medical needs of this son. He had poured all their savings towards his treatment in the private clinics. With no steady income, the family had to compromise on the child’s nutritional needs, thereby adversely affecting his treatment outcomes. Nutrition is a critical factor that contributes to weakened immune responses.²

The Government of India’s TB program provides a monthly cash incentive of Rs. 500/- to all patients for their nutritional needs. However, the cash compensation could not save Resham and his family from slipping into the vicious cycle of poverty and undernutrition.

Nayara Energy (Erstwhile Essar Oil Limited) owns and operates the second-largest, single-site refinery in India and actively partners with the communities to make a meaningful impact on the lives of people. Driving inclusive growth and delivering value for the stakeholders is at the core of its beliefs.

Through various sustainable development projects in the areas of health & nutrition, education and environment, Nayara Energy continues to play a pivotal role in improving the quality of life of the communities.

Intervention Model



¹ Mistry et al. (2016) Durations and Delays in Care Seeking, Diagnosis and Treatment Initiation in Uncomplicated Pulmonary Tuberculosis Patients in Mumbai, India. doi:10.1371/journal.pone.0152287
² Cegielski JP, McMurray DN. The relationship between malnutrition and tuberculosis: evidence from studies in humans and experimental animals. Int J Tuberc Lung Dis 2004;8:286–98.

Intervention

Devbhumi Dwarka in Gujarat has been the cornerstone of Nayara Energy's existence since the time it laid its refinery's foundation. To complement the Government of India's treatment and nutrition support initiatives, Nayara Energy, in partnership with the Government of Gujarat, has launched Nutrition Support Program in 2018 that strengthens the district's nutrition indicators by leveraging Health and Wellness centers through technology and new-age delivery mechanisms. This multi-stakeholder initiative is made successful with the support of the JSI R&T India Foundation and Indian Institute of Public Health – Gandhinagar (IIPHG), working closely with the Integrated Child Development Services Scheme (ICDS) and Department of Women & Child Development (DWCD).

Upon becoming CTP members, The Union coordinated meetings between CSR representatives of Nayara energy and district TB unit in Devbhumi Dwarka, half day workshop was facilitated to identify area of intervention of mutual interest for both, the district program and in line with Nayara Energy CSR priorities. Based on the deliberations in this workshop, it was agreed to start nutrition support project for all TB patients in the district. Information exchange of district TB cell was also facilitated with other states having nutrition support project to finalize list of food grains and other materials to be included in the family nutrition kit. Monitoring indicators including weight gain, treatment adherence and treatment outcome were also finalized as part of technical support provided to this initiative. 4-year old Resham, his family and many such TB patients are beneficiaries of Nayara Energy's Nutrition Support program.



Nayara Energy's Nutritional Artillery for a family ration kits comprising of rice, multigrain atta, chickpeas, dal, oil and jaggery intercepts the cyclical relationship between TB, poverty and undernutrition.

Further, Nayara Energy plans to build on this project by enlisting nutrition counsellors, appetite-builders, and digital microscopes for active case-finding.

Impact

Nayara Energy's work in parts of Gujarat has saved scores of families from collapsing in the face of TB. The nutrition support helps to increase patient's weight & treatment adherence and outcomes, as well as ease the financial burden of affected families.

“ **87%** of the patients gained weight upon receiving nutrition support by Nayara Energy ”
– Dr. Dhiren Pithadiya DTO Devbhumi Dwarka

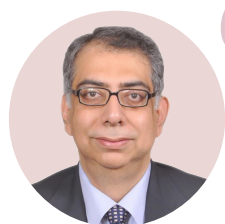


Key Lessons

Nayara Energy's model for implementation is premised on the understanding that the intersectional nature of poverty, malnutrition, and inaccessibility can overthrow even the most robust TB-Elimination program, as that by the Government of India. It is, therefore, up to private companies to become safety nets for local communities, so that families like those of Resham can be protected.

Innovative Technology Reduces Delay & Improves Access

Hewlett Packard Enterprise integrates TB screening in eHealth Centers



We live in an incredible time—where climate change, population, food, healthcare, and security all present urgent and interrelated challenges for our society. I believe technology can play an important role in addressing these rapidly-evolving global needs. And that is why we at HPE have dedicated ourselves to a clear, simple, and extremely important cause—developing and using technology to advance the way people live and work. I wanted to thank USAID, The Union and The Embassy to forming a platform to direct our resources to eradicate this critical disease India faces and plans to eliminate for year 2025.

– Mr. Amrish Bakaya, Director, Corporate Affairs, HPE

Hewlett Packard Enterprise (HPE) is an industry leading technology company that enables customers to go further, faster. Worldwide HPE has approximately 55000 employees and revenues of around \$28 billion. It is a truly global company with roughly 60% of revenues being generated from markets outside the United States. HPE India applies its technology to the sectors of Health, Education, Digital Villages and use of technology in agriculture, water and other important aspects.

Intervention

As their mandate to give back to society, HPE India has installed over 130 eHealth Centers (eHC) under its Corporate Social Responsibility program, across the country where more than 1 million patients have been registered and treated under primary health domain, free of cost.

After signing the Corporate TB Pledge, HPE India aligned its CSR work with the government's goal to eliminate TB. In July 2019, HPE India signed the Corporate TB Pledge and committed to screen fifty thousand presumptive patients for TB using their existing set up of eHC's across 9 locations in India.

HPE aims to target the "Missing TB" cases who carry the disease and may go undiagnosed for a longer period. It further aims to refer the diagnosed patients to nearest DOTS Program. This is being achieved with joint cooperation between Ministry of Health and Family Welfare, USAID and The Union.

HPE India has signed MOU with Amalgamated Plantations (APPL), a Tata Group Conglomerate based out in Kolkata (WB). This project is screening patients for TB in and around the Tea Gardens in Assam. HPE has also partnered with SRMS Institute of Medical Sciences, leading hospital in Bareilly (UP) which has TB referral from 9 nearby locations under NTEP, for screening of patients in the city and outer limits of City of Bareilly, UP.



Impact

HPE India has screened 41,785 people till now and is actively working to achieve its target of 50,000 presumptive patients. The positive TB cases are being connected with the national TB program. MDR diagnosis machine has also been installed in Bareilly for identifying Drug resistant TB cases.



Key Lessons

Integrating TB in existing health care program and improving access to diagnostic facilities contributes to early diagnosis and also reduces delay in initiating treatment.

Sakhi - Befriending TB Patients

Ambuja Cement Foundation integrates TB care in community-based health care model



ACF has been closely working on the Revised National Tuberculosis Control Program of the government to eliminate Tuberculosis in project villages for the past 3 years. This was carried out with a holistic approach with frequent guidance from the government and trained healthcare workers. ACF continues to provide support to the families and patients for treatment adherence and monthly follow ups on better nutrition. In India, Tuberculosis is a stigma and working together as a gold TB pledge member has brought a change in mobilizing the communities effectively towards timely diagnosis and provide a platform so that the community can avail services and combat TB together.

– Pearl Tiwari, Director & CEO, Ambuja Cement Foundation

Since 1993, Ambuja Cement Foundation (ACF) has been directly benefiting and creating significant positive impact for over 2,300 villages and 2.5 million people.

With a deep-rooted belief in a community centric approach to address developmental issues, ACF's health interventions focus on health promotion, high-risk identification, screening and early detection and increasing access to affordable treatment. Responding to the Indian government's call for TB-Free India, in September 2016, ACF introduced TB care in their ongoing health and sanitation CSR projects across 3 locations – Ambujanagar (Gujarat), Chandrapur (Maharashtra) and Darlaghat (Himachal Pradesh) covering 94 villages and a population of approx. 75,125 people



Had the ACF Health volunteer not encouraged 19-year old Naqvi to get tested for TB when he left work and returned home from Ahmedabad due to health reasons, he would have not been diagnosed in time. Regular counselling to address the stigma and fear amongst his own family members ensured he completed his treatment. Without this, he would probably have let the infection fester – and never restored his normal life and livelihood and gone back to supporting his family and himself.

Intervention

Sakhi – meaning 'friend' in Hindi, are women village health volunteers, identified from within the community for ongoing health projects of the ACF. *Sakhis* have been trained on maternal child health services and on various health issues like communicable and non-communicable diseases and sanitation. A cadre of 94 such *Sakhi*'s trained on TB Care have been contributing their efforts to TB control program in the project villages.

ACF applied the following multi-step approach –

- Identifying presumptive TB patients
- Collecting sputum for TB testing
- Connecting suspected patients to government facilities
- Educating patients on treatment adherence
- Nutrition counselling
- Conducting regular follow-ups
- Collaborating with government health centers and local administration
- Undertaking joint home visits with TB units and local health officials
- The health clinics of ACF refer presumptive cases to the government facility
- IEC tools including TB symptoms in the local language written on public walls
- One to one sessions, group meetings
- Community awareness sessions
- Celebrating World TB Day
- Leveraging local events like SHG annual meeting, health camps, Krish Mela to disseminate information on TB
- Media engagement to highlight issues

An important component of the intervention is its focus on continuous improvement. This is achieved by collecting regular feedback from their health workers post trainings, as well as from the beneficiaries. Since becoming a CTP member, ACF's commitment to undertake new TB interventions has intensified and scaling up of the project is being planned.

Feedback on Training by Health Worker - Ms. Chandrawati Devi

“ The information on TB is good - it can spread through air and can cause infection if the proper precaution not taken by the patient; TB treatment is available free of cost and government is giving free of cost medicine. ”

Feedback of Beneficiary - Mr. Mahaveerbhai Praveenbhai Vainsh

“ I am thankful to Ms. Laxmiben Charniya for her timely support for continuous supply of medicines to me. She regularly visits me at my home to ascertain my progress. My medicines were about to deplete on December 11, 2018 but the concerned multi purpose health worker (MPHW) was not be able to provide and ensure the regular supply of medicines. As soon as Ms. Charniya came to know of my plight, she immediately called TB Unit Kodinar and within 2 hours the medicines were delivered at my home. ”

Impact

Timely interventions by the health volunteers of ACF have increased TB case identification and ensured accurate diagnosis along with improved treatment adherence and outcomes. In a short span of three years, ACF's TB intervention has conducted 1,638 community awareness sessions with a focus on encouraging female participation. Of the 32,936 participants sensitized from April 2017 to March 2020, 20,449 were women. 927 cases were referred by Sakhi of which 155 TB patients were diagnosed.

During the year 2019, screening camps were conducted for 15 days in coordination with local Primary Health Centers, where 3,461 employees, truckers, drivers and labourers were screened for TB. In Ambujanagar, Darlaghat and Chandrapur location village based TB forums have been formed and additional interventions aligned with support of local Panchayat bodies. Their work in Ambujanagar has been consecutively awarded and recognized by the District TB Office Gir, Somnath for the last three years.



Key Lessons

With minimal resources ACF was able to address TB in large pockets of high risk, economically weak and vulnerable populations of the community. The program's success lies in integrating TB messaging and care in pre-existing health care initiatives. This community-based integration model uses women as important change agents, Sakhis, who share a personal rapport with the community, and have strong local knowledge. The model consolidates community-based outreach activities, effective integration with existing services, and regular follow-ups and counselling.

An Entire Sector Commits to End TB

Agra Footwear Manufacturers & Exporters Chambers (AFMEC) make each step count



TB has been a challenge in our leather industry, often crippling our work force and devastating their lives. AFMEC is not just another business association, but an organization that has a history of prioritizing all issues concerning our sector and employees. With the guidance and technical support of the Corporate TB Pledge membership, TB will be prioritized amongst the 100+ members and their 300 – 400 thousand employees. The association is also committed to initiate a mobile van for TB Care and do what it takes to make leather industry of Agra TB free

– Dr. Mr. Puran Dawar, President AFMEC

The Footwear sector is a very significant segment of the leather industry in India, exporting footwear close to US\$ 2500 million. The historic city of Agra is the biggest footwear cluster of India, providing employment to about 4,00,000 people. Agra Footwear Manufacturers & Exporters Chambers (AFMEC) is an organization working with the entire industry in Agra bringing together more than 1,200 companies with an outreach to over 3,00,000 employees.

Unfortunately, Agra is also increasingly becoming popular for its TB burden. In 2019 itself, Agra ranked 2nd in disease burden across the state of Uttar Pradesh with 23,157 new TB Cases being reported to the government. Of these, 13,515 (almost 60%) were patients seeking care in the private sector, most of whom are not availing the benefits of the National TB Program.¹

Intervention

AFMEC was keen to address the problem and in January 2020, signed the Corporate TB Pledge (CTP). Equipped with the technical support extended to CTP members, it committed to spread awareness on the issue as well as allocate resources to cater to the pressing needs of its labour intensive fraternity.

With a missionary zeal, interventions were initiated and within a month of becoming a member a sensitization workshop was organized wherein CEOs, Health & Safety Officers and the HR Heads of member organizations were sensitized on TB, National TB Elimination Program (by a state official) and the Corporate TB Pledge by technical resource personnel of CTP (USAID, The Union and IPE Global). They were informed of the benefits of becoming a member – ready resource material, technical support for TB initiatives as well as a platform for cross-learning between network of corporates committed to the cause of TB Free Work Places. AFMEC graciously hosted the event for educating its members.

The success of training was indicated, when 14 member organizations of AFMEC signed the CTP and committed to protecting their employees from TB.

These organizations were serviced by CTP team with IEC material (translated to local language), which has been adapted and displayed across common access areas, canteens, factories entry/exit points etc. by member organizations. Dialogue is further being pursued with individual companies on providing tailored solutions for TB interventions as per their needs and requirements.

Impact

The leadership shown by the governing body of AFMEC – has motivated member organizations to prioritize TB Care amongst their employees and communities. Footwear industry is labor intensive and the impact of a federation taking ownership of the issue will spiral with each member becoming active in the region.

AFMEC

Commits to TB – signs Corporate TB Pledge	Member Organizations		
Encourages members to prioritize TB Care	Commit & Sign Corporate TB Pledge	CTP Members	
		Receive resources such as IEC materials, TB Free Work Place Policy drafts, outreach material, etc.	Received technical support for sensitization of employees and their families, program design on TB, CSR support, etc.
CTP sensitizes member organization CEOs, Health & Safety Officers, HR Heads	Start getting serviced as CTP members		



Key Lessons

Agra is a densely populated area with a very high TB burden. To address this, it is imperative that the National TB program is supported by local champions and influencers. When a cohesive body of companies/organizations like AFMEC prioritizes the disease and provides critical community leadership and ownership, the impact will be manifold.

This model's success is hinged on the premise that its access to an entire sector that is labor intensive and has high risk population will have a significant impact with appropriate interventions. AFMEC provides a well-structured platform to access many companies of varied sizes. When each company will undertake TB initiatives – motivated by its own network of peers with technical support of CTP, it will benefit hundreds and thousands of employees working across its units.

AFMEC itself is leading the way, by undertaking initiatives directly. It plans to introduce a van equipped with X-Ray and CBNAAT machine that will move across companies to increase case detection.

Reducing Diagnostic Delays

DLF Foundation fills critical gaps in TB care



DLF's initiative in donating one CB-NAAT TB testing machine is our small step towards the Government's target of eliminating Tuberculosis (TB) by 2025. TB affects people in their most productive years causing severe economic loss and endurable suffering. About 50% of pulmonary TB cases go undetected every year. Lack of awareness among people and inadequate medical facilities aggravate the situation. There is an urgent need to position TB as a key national health and development issue. This CB-NAAT machine will benefit the residents of Gurgaon immensely thereby providing instant support in enabling free-of cost testing facility.

– Dr. Vinay Sahni, CEO, DLF Foundation

The Government Civil Hospital in Gurgaon was the only place one could go to in the region for a free CBNAAT Test. CBNAAT —is a fully automated rapid molecular test that detects TB and drug-resistance strains simultaneously — providing results within two hours, making it currently amongst the most sophisticated technology in TB detection. There are two hundred thousand suspected cases in Haryana, of which 2,500–3,000 cases are reported from Gurgaon alone every year. While the Government program, provides free CBNAAT testing facility to all suspected patients (from the private or public sector), only one machine catering to the high patient burden led to a delay in results. Private clinics in the area charged Rs 5,000 per test, therefore, it was not surprising that affordable diagnostic methods, remained one of the largest challenges in the region.



Intervention

When real-estate giant DLF recognized that Tuberculosis posed a threat to the community, including to its own employees' productivity and financial conditions, they set out to identify the biggest gaps in the area – realizing the most immediate need was an additional CBNAAT facility. Partnering with the Ministry of Health and Family Welfare, the DLF Foundation set up a CBNAAT machine at the Government Health Centre, Gurgaon.

The Foundation additionally partnered with media house, Times Now, to magnify its interventions and spread awareness on the issue. It has also committed to provide nutritional support to the identified MDR TB patients in Delhi-NCR.

Impact

With the CBNAAT machine at the governments' health centre, there have been significant reduction in the turn-around time of diagnostic results at both the government centers. A seemingly small contribution by the DLF Foundation to the Government program has indeed addressed a critical gap and sustainably added momentum to the program capacity to diagnose and treat TB patients. As per data provided by authorities, till June 2020, 2137 samples were been tested by DLF supported machine out of which 691 were tested positive for MDR-TB.



Key Lessons

The corporates' intervention that addresses a critical gap, even if it is one-time intensive resource support towards diagnostic equipment to the government program's will have a long-term impact on increasing access to quality TB care.

Background Information of Contributing Corporate TB Pledge Members

Diamond Members

1. Apollo Tyres Foundation

Apollo Tyres Ltd, incorporated in the year 1972, is the seventh largest tyre manufacturer in the world. With 16,000 employees to its service, it caters to over 100 countries across the globe. Their CSR framework revolves around the principle of three I's i.e. to Involve, Influence and Impact it's key stakeholders- Customers, Employees, Supply Chain Partners and Community. Implemented through Apollo Tyres Foundation, its CSR focus lies in environment, health and community development with projects pan-India for HIV, TB, biodiversity conservation to name a few.

2. Medanta - The Medicity

Medanta, a multi-speciality hospital, is committed towards providing world-class healthcare facilities in India with international standards of technology, infrastructure and clinical care. Its initiatives to offer protection against dengue and TB in Haryana have catalysed the social well-being and development of the people.

3. India Health Fund

India Health Fund (IHF) is an organisation seeded by Tata Trusts to operate as an aggregator platform to raise resources and channel the same towards supporting breakthrough innovations which will help accelerate the elimination of infectious diseases like Tuberculosis. IHF, to support its mission, is collaborating and has a formal engagement with Central TB Division, The Global Fund, ICMR, India TB Research Consortium, STOP TB Partnership, National Institute of Tuberculosis and Respiratory Diseases and other similar organisations in our effort to support the Govt of India's goals of eliminating TB. Since 2019, to market journey for innovations IHF has also been supporting various innovative projects.

4. The Brihanmumbai Electricity Supply and Transport (BEST), Mumbai

The Brihanmumbai Electricity Supply and Transport - BEST is the subsidiary of India's oldest civic body i.e Municipal corporation of Greater Mumbai. To fulfill the social obligation of providing uninterrupted power supply to 1.05 million consumers and for providing efficient bus services to 3.2 million commuters on daily basis, BEST has deployed a team of 40,000 employees. BEST Undertaking takes utmost care to maintain health of all these employees to an optimum level which can be easily seen from the success of its employee policies like TB workplace policy.

5. Goodricke Group Ltd.

Goodricke Group Ltd. and associated Companies namely SHIL, AIL & KTCL are a part of Camellia PLC of UK. They are engaged in cultivation, manufacture and sales and marketing of tea. Their tea estates and factories are located across Assam and West Bengal including the Darjeeling hills. Care for the environment & sustainability are at the core of their business philosophy. A large 180,000 population of workers and their dependents live within their estates in company provided houses. Besides producing the finest teas, Goodricke Groups' equal endeavour is to work towards the betterment of their workers, providing them the highest levels of medical, educational & general facilities.

Platinum Members

6. GAIL (India) Ltd.

GAIL (India) Ltd., a Premier Maharatna Public Sector Undertaking has been energizing the lives of our countrymen since its inception in 1984. With a turnover of 7.2 billion US\$, it is India's largest natural gas company and ranked as the top gas utility in Asia. GAIL has offices and factories spread across the length and breadth of India with over 4,500 employees. The Company's vision of "value creation" for all stakeholders remains the guiding force behind its social interventions. CSR initiatives at GAIL cover a wide spectrum of welfare and developmental activities spanning across various focus areas, implemented primarily in the rural areas which are in close proximity to the major work centres/installations of the Company.

7. Becton Dickinson Private Ltd. (BD)

Becton Dickinson (BD) is a global medical technology company that is advancing the world of health by improving medical discovery, diagnostics and the delivery of care. BD leads in patient and healthcare worker safety and the technologies that enable medical research and clinical laboratories. In India, BD has ~1000 associates working across 700 cities and towns. BD in India has installed > 100 BACTEC™ MGIT™ automated mycobacterial detection systems. This systems helps in ensuring a specific diagnosis of TB and identifying drugs susceptible to TB, thereby helping clinicians prescribe appropriate anti-tubercular drugs. This in turn helps in combating anti-microbial resistance. BD has partnered with MoHFW to improve access to and capacity for TB and drug resistant (DR) TB diagnosis in India.

8. Johnson & Johnson

Johnson & Johnson, an American multinational corporation in the pharmaceutical, medical and consumer healthcare sector embedded its roots in India 70 years ago which marked the inflow of futuristic innovative ideas and services to improve the health and well-being of people. At Johnson & Johnson, good health forms the foundation for vibrant lives, thriving communities and forward progress. Today, as the world's largest and most broadly-based healthcare company, J&J strives to improve access and affordability, create healthier communities and enable a healthy mind, body and environment within reach of everyone, everywhere.

9. Mylan Pharmaceuticals Pvt. Ltd.

Mylan is a global pharmaceuticals company providing quality medicine, dedicated towards setting new standards in health care for a better world. Its contribution towards health outreach programs in India have done wonders in supporting the community in and around Karnataka and Telangana. Mylan, with an employee base of 35000, has successfully provided 7 billion people access to basic healthcare facilities.

10. J.V. GLOKAL Charity Trust (JVGCT)

J. V. Gokal Charity Trust (JVGCT) is national level public charitable trust (NGO) which works in collaboration of like-minded NGOs in India, specifically for needy and underprivileged. JVGCT is working across Maharashtra, Gujarat, Manipur, Nagaland, Tamil Nadu, West Bengal and Odisha through its Healthcare, Educational and Community Development Projects. With numerous initiatives since 1967, it has made its mark in the development sector.

11. Nayara Energy Ltd.

Nayara Energy Limited (Nayara Energy) is an independent oil company with strong presence across the hydrocarbon value chain from refining to retail. It encompasses a network of over 5,700 + retail fuel outlets Pan India. At Nayara Energy, Corporate Social Responsibility (CSR) has been an integral part of its business strategy. The CSR initiatives of Nayara Energy have played a pivotal role in improving the quality of life of the communities living in the vicinity of operations of the Company. By setting up health camps, mobile health services and gramshiksha, Nayara Energy has contributed towards social, health, education and livelihood development.

12. Hewlett Packard Enterprise (HPE)

Hewlett Packard Enterprise (HPE) is an industry leading technology global company that enables customers to go further, faster. With the industry's most comprehensive portfolio, spanning the cloud to the data center to workplace applications, their technology and services help customers around the world make IT more efficient, more productive and more secure.

HPE India is one of the largest employee base outside of the United States. This base spans over the full range of activities including significant R&D, sales, global services, operations, marketing, as well as a legal function agility center.

Gold Members

13. Ambuja Cement Foundation

Established in 1993, Ambuja Cement Foundation is a grassroots organisation that harnesses the power of partnerships – between communities, Government and other like-minded corporates and NGOs – to help solve pressing community problems and to foster prosperity pan-India. Since its inception, the Ambuja Cement Foundation has actively worked towards the development in agriculture, skill, water, health, gender equality and education.

14. The Agra Footwear Manufacturers and Exporters Chamber (AFMEC)

The Agra Footwear Manufacturers and Exporters Chamber (AFMEC), established in 1998, helps to promote footwear manufacturing and export within the periphery of Agra through adoption of modern technology to compete in the international markets. Its yearly exhibition-cum-fair, MEET AT AGRA, is effective in portraying the skills of the footwear manufactures and help others recognise their talent. Along with business promotion, it also promotes the interest and well-being of its members and their employees. It has undertaken many philanthropic causes through the years.

Other Organizations

15. DLF Foundation

DLF Limited, a Gurgaon based commercial real estate developer, has established its DLF Foundation to empower communities by creating multiple opportunities for the underprivileged. It promotes inclusive growth in communities which is holistic, sustainable and socially uplifting, thus enabling them to emerge as significant contributors in India's growth story. With projects focusing on skill development, education and primary health care for the under privileged, DLF has established its roots in society development.

Some of our Collaborating Partners





Call for Action

Corporate TB Pledge is a joint initiative between the Central TB Division, Ministry of Health & Family Welfare, Government of India and USAID launched in 2019. The platform has mobilized 100 plus corporates and business associations like AFMEC, CII, as members from across various sectors like health and diagnostics, FMCG, IT, Entertainment, leather, transportation, tea, and other industries. All these corporates are treading towards TB Free workplaces and TB Free India.

The members have initiated activities towards TB Free workplace policies, awareness generation, active case finding, increasing access to diagnostic and medication, extending various forms of social support to TB patients and their families. They are working closely with State and District TB cells. The CTP secretariat supports all their initiatives with technical assistance to implement result-based TB programs, handy resource material like IEC, draft policies, establishing and strengthening linkages with the government program – to name a few.

The corporate sector is a pillar of the Indian society, without which no landmark change has ever been achieved. We, therefore, call upon all companies and business associations across all sectors to leverage this unique platform.

Join the Fight to Eliminate TB!





USAID
FROM THE AMERICAN PEOPLE



Confederation of Indian Industry
125 Years - Since 1895

In 2015, the United Nations (UN) Sustainable Development Goals (SDGs), which are fully aligned with the WHO End TB Strategy, were adopted. The SDGs have set the target of ending the TB epidemic by 2030.

Tuberculosis (TB) is a national health priority in India with Prime Minister Mr. Narendra Modi launching the “Mission TB Free India by 2025”, five years ahead of the global target. However, it continues to be the largest infectious disease killer in India causing an estimated 450,000 deaths every year. TB causes workflow disruption, reduction in productivity, loss of employment, increases in direct costs related to care and treatment of employees and is expected to cost the world economy USD \$1 trillion by 2030.

A high-level USAID-India End TB Alliance was formed in December 2018 to maximize the impact of USAID’s TB investments in India. In April 2019, USAID also launched a bold new initiative designed to galvanize India’s corporate sector in the fight against TB- The Corporate TB Pledge. This TB platform recognizes corporations for their commitment and contributions to eliminating TB, and links them with the resources they need to better plan and implement TB programs.

This compendium of best practice showcases some of the innovative approaches adopted by corporates and business associations to eliminate TB by 2025.

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