

**File No: Z-28015/90/2018**  
**Ministry of Health and Family Welfare**  
**(Central TB Division)**

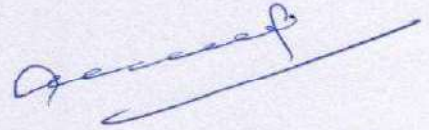
**Nirman Bhawan, New Delhi**  
**Date: 10.09.2018**

**Office Memorandum**

**Subject: Minutes of the Meeting of First Meeting of Inter-Ministerial Coordination for Ending TB held on 16<sup>th</sup> August, 2018 at Nirman Bhawan, New Delhi**

The first meeting of Inter-Ministerial Coordination for TB was held under the Chairmanship of the Secretary, Health & Family Welfare, Government of India on 16<sup>th</sup> August 2018 at Room No 153A, Nirman Bhawan, New Delhi.

Please find enclosed the approved minutes of the meeting.



**Dr Kuldeep Singh Sachdeva**

Deputy Director General (TB)

**Copy to:**

1. PPS to Secretary (HFW)
2. PPS to AS & DG (NACO & RNTCP)
3. PPS to JS (TB)

## **Proceedings of First Meeting of Inter-Ministerial Coordination for Ending TB**

**16<sup>th</sup> August, 2018**

The first meeting of Inter-Ministerial Coordination for TB was held under the Chairmanship of the Secretary, Health & Family Welfare, Government of India on 16th August 2018 at Room No 153A, Nirman Bhawan, New Delhi.

The agenda of the meeting and list of participants is placed at Annexure I & II.

Secretary (Health) welcomed all the participants and this was followed by introduction of participants. The Secretary shared the goal of Ministry of Health and Family Welfare to achieve targets of TB under the Sustainable Development Goal by 2025, five years' ahead of the global targets and emphasized key role of Ministries other than Health in achieving this ambitious target set forth by the Hon'ble Prime Minister of India. Following are key issues highlighted in the address of the Secretary Health

- The meeting will initiate dialogue between the Ministry of Health and Family Welfare and respective Ministries for expanding services of TB and support TB patients; including feedback from the Ministries on their roles on important aspects of TB services.
- Ministries with their health infrastructure to integrate TB services in all health facilities and ensure notification of TB patients (which is a notifiable disease)
- Ministry of Health & Family Welfare has recently initiated NIKSHAY Poshan Yojan under which Rs. 500/- is given to TB patients per month till completion of treatment through direct benefit transfer for nutrition assistance. Support of all Ministries will ensure nutrition assistance to all TB patients.
- Each Ministry to identify a nodal officer to coordinate for TB with the Ministry of Health & Family Welfare and to meet more frequently
- CBNAAT and TruNAT are state-of-art rapid molecular diagnostic tests available under MoHFW through RNTC for diagnosis. Any Ministry with Health Services can avail these diagnostic tests free for their patients.
- From 02<sup>nd</sup> October to November 2018, Panchayat Plan Campaign is going to be held. TB can be included as one of the Agenda to drive a movement for 'TB free village'. A letter to consider the same to be sent to the Secretary, Panchayati Raj from the RNTCP. Material/talking points for this campaign to be sent along with.

Joint Secretary, RNTCP Shri Vikas Sheel shared the summary of scope of collaboration among various Ministries and the MoHFW on six thematic areas – integration of TB services in existing health facilities, extend social support to TB patients, awareness creation, preventive measures, work place intervention and corporate social responsibilities through PSUs under various Ministries.

- For expansion of TB services in existing health facilities, the Ministry of Health and Family Welfare will support the Ministries for establishment of TB diagnostic and treatment services or linkages of services to the nearby public sector health facilities under the Health department. National TB Helpline can be used to avail information on services for TB.

- Coordinated efforts will help prioritization and ensuring social assistance to TB patients. Dedicated schemes for TB patients may be worked out like in Tribal Area, North East region. Such schemes would incentivise TB patients to come out and get detected and complete treatment.
- Sensitization of Staff working under various Ministries, elected representatives on TB
- Field formations of various Ministries will be engaged like nREGA, Panchayat Secretary, AWW etc
- Workplace interventions and strategies developed and the MoHFW will take it forward with all Ministries for execution at workplace to prevent and care of TB.
- PSUs to be encouraged to provide support for TB services through CSR. Pooling of funds will be explored to create TB Corpus funds.

Additional Secretary (Health) in his address congratulated participants to gather and acknowledged the first meeting is beginning of consultations for inter-ministerial collaboration for TB prevention and care. The Addl. Secretary further suggested

- To establish an MoU between MoHFW and various Ministries. A generic MoU will be created and established which will lead to creation of joint working group, identify gaps and work out expectations/roles of the Ministries and joint implementation of agreed upon activities. MoUs between NACO and 16 Ministries exist. The same can be expanded for TB, if required.
- Create a joint working group for TB with various Ministries.
- Provide information on the TB disease and available services under RNTCP to all the Ministries.
- Share standardized IEC materials and messages for TB awareness creation with all Ministries.

Representatives of the Ministries then shared feedback on the role they can play in effort for ending TB in India.

#### **Ministry of Panchayati Raj**

The Ministry will have Panchayat Plan Campaign from 02<sup>nd</sup> October to 30<sup>th</sup> November 2018. MoHFW propose to have an agenda item on how the village can become TB Free. Letter to be sent to the Secretary, Panchayati Raj regarding the same and IEC material can be shared.

#### **Ministry of Petroleum and Natural Gas**

The Joint Secretary represented the Ministry who asked for standardized IEC material from MoHFW for a communication campaign and awareness generation on TB. Details of CBNAAT and its pricing was requested which the Ministry would intend to encourage the PSUs to take up. The MoHFW will share both details.

#### **Ministry of Human Resource Development –**

Prof. Saroj Yadav, Dean of NCERT shared that TB has been incorporated as part of the curriculum of class 8, 9 and 12 under the communicable disease.

## **Ministry of Railways**

- The representative of the Ministry informed that there are 125 hospitals with 58 Divisional hospitals across country under the Ministry of Railway and Nodal TB officer present in each divisional hospital. It was suggested to ensure contact tracing with each new patient detected in the railway colonies.
- The Ministry also conducts screening of 12 to 13 lakh employees which can be leveraged for systematic active TB screening. The MoHFW to liaise for the same.
- Indian Railway TB Association is in place and budget is provided for outreach activities to them.
- It was requested to the MoHFW to support for Training of health staff on recent developments on National protocols on TB diagnosis and treatment
- Information on newer diagnostics (CBNAAT and TrueNat) to be shared with the Ministry.
- Joint Secretary, RNTCP suggested to establish mechanism to provide services to general population in railway areas. Directives from central railways to collaborate to screen and attend to all population within railways areas may be given.

## **Ministry of Electronics and Information Technology -**

Mr. Rishi from the Ministry shared that there are 3 lakh Common Service Centres (CSCs) established in rural India. Following areas were suggested for collaboration by the representative of the Ministry –

1. Awareness creation (including Digital marketing / hoardings) – MoHFW to share the standardized content.
2. Integration of TB care delivery services in the ecosystem of Jan Aushadhi Kendra, drug delivery for TB patients can be explored.
3. Sample collection at CSC level and district level testing can support TB diagnosis expansion
4. Assistance in NIKSHAY Poshan Yojana – CSCs can provide support for Aadhar authentication, opening accounts and withdrawal of money for DBT
5. Conduct field surveys
6. Imparting Skill based training

## **Ministry of AYUSH**

There are 4000 hospitals in place across the country under the Ministry. Teaching hospitals/institutions to be used for capacity building on TB services. Staff are engaged as treatment supporter which to be expanded. Required TB related material to be shared by the MoHFW

## **Ministry of Skill development and Entrepreneurship**

Skill development programs can be utilized and TB Mitra can be created on the lines of Ayushman Mitra for which the course is under development. ITI centres available across 600+ districts can be centres for imparting trainings closure to practice setting.

### **Ministry of Tribal Affairs**

- The Ministry is conducting Sickle Anaemia screening and offered to screen TB along with. The MoHFW to share protocol for active TB screening along with Sickle Cell Anaemia screening programme.
- Prioritisation in Pradhan Mantri Awas Yojana or Ujjawala Yojana saturation for all TB patients will prevent indoor air pollution which will in-turn reduce risk of TB
- Regular health check-up for students in the Residential schools in tribal area will be extended to TB screening
- Transport assistance to TB patients was suggested from the MoHFW. The representative of the Ministry of Tribal Affairs offered to share advisory to the States. Else, the schemes are demand driven and the State can seek which then can be provided. Joint Secretary, MoHFW suggested to collaborate on the subject matter and to facilitate by writing to states for demanding this component from the Centre.

### **Ministry of Home Affairs**

- The Ministry organizes screening camps at the Nepal and Bhutan Borders. We can incorporate TB services to migrant population.
- The Ministry has developed a Manual for Health of the Prisoners which addressed issue of TB. However, there is limited uptake from the states. So, MoHFW can collaborate with states for its uptake.

### **Ministry of Rural Development**

- The representative reaffirmed the establishment of MoU and Joint Working Group for collaboration for TB
- Suggested to incorporate sensitization of all elected representatives and staff under the Ministry to expand scope of support for TB

### **Ministry of Coal**

- Suggested to share a one pager on questionnaire/expectations which they can forward to their PSUs for requirements in health facilities and CSR initiative in regards to TB services.
- Screening protocol to be shared with the Ministry to undertake active TB screening

### **Ministry of Labour and Employment**

- Representative from the ESIC reaffirmed their commitment to expand TB services in the ESIC hospitals and clinics
- It was pointed out that workers with disease are usually restrained from the work and hence, any case finding/screening survey to be conducted in the community

### **Ministry of Women and Child**

- There are more than 14 lakh Anganwadi Centres. These centres can be used for IEC and capacity building of field workers.

- Food & Nutrition Division conducts ToTs and currently modules are being developed for those trainings. TB can be incorporated in these modules.

### **Ministry of Defence**

- There are 169 hospitals with specialists available for in-service candidates. Each Jawan is screened twice a year. Two TB specialist hospitals are at Pune and Nagpur which monitors TB patients for six months.
- Paper developed on prevention of TB which may be shared with MoHFW
- Ex-servicemen population is twice the serving clinic: 413 polyclinics for secondary prevention, but no primary preventive; patient are referred to empanelled hospitals. The Representative from the Department of Ex-Servicemen Welfare had requested Training Assistance and IEC material for polyclinics from RNTCP
- The Joint Secretary MoHFW suggested to linking of information system with Nikshay to ensure notification of TB patients, at least from the Department of Ex-Servicemen Welfare.

DDG NACO proposed expansion of MoU of NACO with various Ministries to have integrated TB & HIV MoU.

Joint Secretary, RNTCP, MoHFW highlighted key issues and suggested measures as under

- Missing TB cases may be present in PSU of any Ministry. All Ministries were requested to take up streamlining reporting of such patients with MoHFW
- All Ministries to share activities being carried out presently for TB with MoHFW
- A generic MoU will be shared by the MoHFW with all Ministries with general expectations on minimal requirements of diagnostic and treatment centre, capacity building requirements etc.

AS & DG (RNTCP & NACO) thanked all the participants and called for signing of MoU in a months' time.