

INDIA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2021

This is an overview of the USAID/India FY 2021 Tuberculosis (TB) Roadmap, implemented with FY 2020 budget. It was developed in consultation with the National TB Elimination Program (NTEP) and with the participation of national and international partners involved in TB prevention and care in the country.

India accounts for about one quarter of the global TB burden. Among the 30 high TB and high multidrug-resistant TB (MDR-TB) burden countries, India is ranked first.¹ In 2019, the estimated TB incidence was 2,640,000, and an estimated 436,000 people died from TB, including about 10,000 HIV-positive people with TB.² In 2019, India notified 2,162,323 TB cases³—a 13 percent increase from 2018—with a large proportion (31 percent) coming from private sector notifications.⁴ While significant progress has been made, if India is to eliminate TB and detect the approximately 478,000 ‘missing’ cases, it will need to accelerate that progress even further.

In order to achieve this, the global public health and larger TB community, including the NTEP, is shifting its focus from controlling to ending TB. A revised [National Strategic Plan to End TB, 2020-2025 \(NSP\)](#) (currently under development, draft copy available)⁵ aims to collaborate intensively across various ministries to promote a multisectoral response to eliminate TB, while continuing to implement the program and deliver impact. Through this NSP, the NTEP aims to undertake necessary structural and procedural changes to ensure a robust, responsive, and agile TB response that can safeguard and address the concerns of TB patients and providers during times of complex emergencies and unprecedented crisis. The following priority actions are included under the new NSP:

- Secure and sustain increased domestic funding commensurate with the enhanced requirements of this NSP;
- Continue to address the ‘missing TB cases’ with a focus on redesign of and targeted active case-finding (ACF) efforts in priority populations;
- Ensure prompt diagnosis using high sensitivity diagnostic tests to provide universal access to quality TB diagnosis including for drug-resistant TB (DR-TB) in the country, and scale-up advanced diagnostics services and TB surveillance capacity by replacing sputum microscopy services with new precision diagnostic tools;
- Expand treatment and management of drug-susceptible TB (DS-TB) and DR-TB;
- Aggressively pursue the expansion of the NIKSHAY (an online tool used by the TB control program for monitoring) and the related digital information ecosystem, complete with adopting and effectively applying artificial intelligence and analytics, to drive efficient service delivery and responsive program management;

¹ World Health Organization. *Global Tuberculosis Report, 2019*.

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ National TB Elimination Program. *National Strategic Plan to End TB, 2020-2025*.

- Ensure full community participation and ownership, through reliance on TB champions and TB survivors working alongside program staff in advocacy, planning, implementation, and monitoring of the local, state, and national TB response. Intensive efforts will be made to strengthen the local TB forums which are seen as effective change agents for reducing/eliminating stigma and supporting TB care in a human rights response framework;
- Expand the social protection cover for people with TB and their families;
- Scale-up and sustain engagement with private providers; and
- Deploy and evaluate ambitious plans to implement TB-preventive therapy (TPT) of household and other close contacts, children, people living with HIV/AIDS, and other locally-defined high-risk groups using new, shorter regimens to reach an expected 6 million eligible persons annually by 2022.

The proposed FY2020 USAID TB budget for India is about \$19M. With this level of funding, USAID will support the following technical areas:

REACH

TB diagnosis

USAID supports demonstration models to increase access to and quality of diagnosis. The new NSP 2020-2025 advocates for early identification of presumptive TB cases at the first point of care (private or public sector), and prompt diagnosis using the latest molecular diagnostic tests to provide universal access to quality TB and DR-TB diagnosis throughout the country. One example is USAID's support in the introduction of Xpert[®] MTB/RIF (GeneXpert) in India. USAID has supported India's NTEP for over two decades, building systems and capacities to improve the access and quality of TB care and management.

Moving forward, USAID will support the following activities:

- Institutional strengthening of TB laboratories in the public sector to improve quality and efficiencies of the NTEP's TB diagnostics care cascade;
- Demonstrating private sector laboratory engagement to further support the TB diagnostic care cascade;
- Supporting the Central TB Division (CTD) in designing and implementing research on new TB diagnostics and tools;
- Demonstrating a model for strengthening sample collection and transport (SCT);
- Supporting Whole Genome Sequencing (WGS) and DR-TB surveillance activities; and
- Introducing new and innovative diagnostic training tools.

Engaging all care providers

In 2019, the private sector contributed 679,000 notifications, approximately 31 percent of total notifications.⁶ The program has proactively engaged with the private sector through various partnership schemes; however, persisting challenges exist in ensuring universal drug susceptibility testing is being implemented. To address this, the NTEP, with support from USAID, is rigorously engaging with private healthcare providers and establishing the necessary mechanisms.

Moving forward, USAID will support the following activities:

- Facility-based quality improvement, reporting improvements, and specific TB collaborative activities with other programs;
- Continued engagement of non-NTEP sites, both public and private, including provider engagement as part of public-private mix (PPM); and
- Demonstrating private sector laboratory engagement for the TB diagnostic care cascade.

Community TB care delivery

The high burden of undetected TB among vulnerable and high-risk groups continues to be an issue. Mapping of high-risk groups and carefully planned systematic screening for active TB among these groups has improved early case detection, which may help to reduce the risks of TB transmission, poor treatment outcomes, undesirable health consequences, and adverse social and economic effects. Efforts are being made under the NTEP to actively engage various stakeholders, including civil society and communities, in program planning and design, service delivery, monitoring, and advocacy.

Moving forward, USAID will support the following activities:

- ACF and TB screening activities outside of health facilities specifically to reach vulnerable and marginalized populations;
- Mass education, population-based advocacy campaigns, and other efforts in social and behavior change communication (SBCC);
- Community-based case finding, outreach, and screening of key populations; and
- Gender-based analyses and interventions to quantify and alleviate TB stigma.

CURE

Drug-susceptible TB (DS-TB) treatment

India's NTEP envisages reaching every TB patient for free provision of diagnosis and evidence-based treatment.

⁶ National TB Elimination Program. *Annual India TB Report, 2020*.

Moving forward USAID will support the following activities:

- Scaling-up of patient-centered approaches to TB treatment;
- Assessing care cascades and improving quality of TB care; and
- Implementation of interventions that increase adherence.

Multidrug-resistant TB (MDR-TB) treatment

To ensure quick, easy access to DR-TB treatment for all TB patients, DR-TB care services have been decentralized to the district level from the nodal DR-TB centers since 2017. By the end of 2019, 711 DR-TB centers have been made functional, which include 154 Nodal DR-TB centers to offer decentralized DR-TB treatment services.⁷ This decentralization will empower districts to enable the ‘test and treat approach’ to minimize delays in diagnosis and treatment, reduce costs of travel, and expedite early care of DR-TB and MDR-TB patients within their respective districts.

Moving forward, USAID will support the following activities:

- Scaling-up of treatment capacity per universal drug-susceptibility testing (DST) patterns;
- Quality improvement of DR-TB treatment services;
- Strengthening mechanisms for active TB drug-safety monitoring and management;
- Implementing interventions to reduce primary and early loss to follow-up and ensure rapid initiation of treatment;
- Introducing and scaling-up new drugs and treatment regimens;
- Eliminating catastrophic DR-TB patient costs; and
- Institutional strengthening of DR-TB care facilities through Centers of Excellence.

PREVENT

Prevention

India is committed to achieving the ambitious United Nations General Assembly (UNGA) High-Level Meeting on TB targets on TB prevention and has already established a committee to develop and implement TB prevention guidelines.

Moving forward, USAID will support the following activities:

- Monitoring and tracking TB infection (TBI) and contact investigations through NIKSHAY;
- Increasing TPT availability, including improved TBI detection and treatment for individuals at high-risk of disease progression;
- Improving adherence and strengthening recording and reporting systems for TPT; and
- Finding improved approaches to treating TBI in people who are high-priority contacts of DR-TB cases.

⁷ National TB Elimination Program. *Annual India TB Report, 2020*.

SELF-RELIANCE

Commitment and sustainability

India, along with heads of state from other nations, committed to reaching the goals set at the UNGA High-Level Meeting on TB. As a result of this, unprecedented political commitment to address TB has been summoned, from the Central Government through States and Districts. India's domestic investment in TB has nearly quadrupled, compared to 2015. This response is commensurate with the nation's severe and disproportionate burden of TB. To support these commitments, the Union Minister for Health and Family Welfare, Dr. Harsh Vardhan, launched the TB Harega Desh Jeetega campaign to end TB in India. For greater administrative and political commitment, the NTEP has undertaken various initiatives across the country including the TB Mukh Bharat ACF campaigns, an inter-ministerial coordination initiative with various Union ministries and departments. A non-financial memorandum of understanding (MOU) has been signed with Confederation of Indian Industries (CII) to help the uptake of NTEP policies in more than 1,000 organizations that are part of the confederation.⁸

Planned USAID activities will support:

- Expanding TB under Corporate Social Responsibility (CSR) initiatives to leverage additional financial and technical support to complement the government's work to improve the quality of TB care, socioeconomic support, and greater community involvement to reduce stigma;
- Adopting TB-friendly workplace policies at private sector engagement offices, suboffices, plant sites, etc.; and
- Scaling-up effective non-medical interventions to strengthen services for TB elimination through outreach, technology, and financial inclusion.

Capacity and functioning systems

Procurement and supply chain management is a critical activity for the procurement of TB drugs and diagnostics across the country, which is conducted centrally through a well-defined and transparent procurement mechanism using both domestic resources and Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) support. A health management and information system (HMIS) and monitoring and evaluation (M&E) are also important components of a functioning program. The health workforce is one of the key building blocks of any health program. As such, proper management of human resources is critical in providing high quality health care. Governance and financing are critical in ensuring there is adequate capacity and optimal functioning of programs.

⁸ National TB Elimination Program. *Annual India TB Report, 2020*.

Moving forward, USAID will support:

- Improving quantification, forecasting, procurement, distribution, and regulatory systems for TB medicines and supplies; demonstrate e-pharmacy models for DS-TB and DR-TB drugs; and support the NTEP in improving efficiencies of TB diagnostics and drug supply chain management;
- Demonstration of the care cascade monitoring framework using the NIKSHAY portal; strengthening the performance-based monitoring and evaluation framework; demonstrating the concept of value-based care at scale; strengthening the collection, management, and use of high-quality data at all levels for programmatic decision-making; technical assistance (TA) and training efforts on the use of data;
- Strengthening the functionalities of TB information systems to link seamlessly with overall health information systems and insurance-based data flows;
- Integrating disease management at the primary health facility level; support task shifting to make the best possible use of available staff; developing comprehensive approaches to pre-service and in-service clinical training; improving training plans, human resources for health assessments, and development of national cadres for community TB and health; and
- Implementing and monitoring national and subnational TB strategic plans; increasing local accountability, including multisectoral accountability; and strengthening political commitment and financial investment in the fight against TB.