

INDIA TUBERCULOSIS ROADMAP OVERVIEW, FISCAL YEAR 2022

This is an overview of the USAID/India FY 2022 Tuberculosis (TB) Roadmap, implemented with FY 2021 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 2020, the estimated TB incidence was 2,640,000,² and an estimated 493,000 people died from TB, including an estimated 11,000 HIV-positive people with TB.³ In 2020, India notified 16 million TB cases⁴—a 27 percent decrease from 2019.⁵ While significant progress has been made, if India is to eliminate TB and detect the approximately one million ‘missing’ cases, it will need to accelerate that progress even further.

To achieve this, the global public health and larger TB community is shifting its focus from controlling to ending TB. A revised National Strategic Plan to End TB, 2020-2025 (NSP) (currently under development),⁶ 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 individuals with TB and providers during times of complex emergencies and unprecedented crisis. The following priority set of 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 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;

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

² World Health Organization *Global Tuberculosis Report, 2020*.

³ Ibid.

⁴ Ibid.

⁵ Ibid.

⁶ National TB Elimination Program. *National Strategic Plan to End TB, 2020-2025*.

- Expand treatment and management of drug-sensitive TB (DS-TB) and DR-TB;
- Aggressively pursue the expansion of NIKSHAY (an online tool for monitoring the TB control program) 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;
- 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 able to work at 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 treatment (TPT) of household and other close contacts, children, people living with HIV (PLHIV), and other locally-defined high-risk groups using new, shorter regimens to reach an expected 6 million eligible persons annually by 2022.

The COVID-19 pandemic has had far-reaching effects on the global TB response, threatening to erase years of progress. As a result of COVID-19 and associated measures to control it, one million fewer people in the 23 countries where USAID focuses TB programming had access to TB diagnosis and treatment in 2020, compared to 2019—representing a more than 20 percent decline. In India, there was a 25 percent decline⁷ in TB case notifications and a 25 percent decline⁸ in DR-TB case notifications in 2020, compared to 2019. To address these declines, USAID, in collaboration with partner governments and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), developed urgent TB program recovery plans in seven of the hardest hit, high-burden TB countries, including India. The [India TB Recovery Plan](#) supports the NTP's larger efforts to mitigate the impacts of COVID-19 on the country's TB responses. USAID continues to work with in-country partners and stakeholders to monitor and mitigate the impact of subsequent waves of COVID-19 resurgences on TB programming in real time.

The proposed FY 2021 USAID TB budget for India is \$15 million. With this level of funding, USAID will support the following technical areas:

⁷ Based on data collected by the World Health Organization.

⁸ Based on data collected by the World Health Organization and National TB Program.

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 diagnostic tests to provide universal access to quality TB and DR-TB diagnosis throughout the country. USAID has supported India's NTEP for over two decades, building systems and capacities to improve the access to 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 for the TB diagnostics 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;
- Introducing and testing of new and innovative diagnostic training tools; and
- Interventions to increase the use of appropriate diagnostic tools and to strengthen functional specimen transport networks and quality laboratory management systems.

Engaging all care providers

In spite of the COVID-19 pandemic, in 2020, the private sector contributed an estimated 557,000 notifications, approximately 31 percent of total notifications.⁹ The program has proactively engaged with the private sector through various partnership schemes, but universal drug susceptibility testing still remains a challenge in the private sector. To address this, USAID is rigorously engaging with private healthcare providers and instituting the necessary mechanisms to establish a link with the NTEP.

Moving forward, USAID will support the following activities:

- Facility-based quality improvement, reporting improvements, and specific TB collaborative activities with other programs including intensified case finding in medical college hospitals (MCHs), as well as diabetes and nutrition clinics;

⁹ National TB Elimination Program, *Annual India TB Report, 2020*.

- Continued engagement of non-NTEP sites, both public and private, including provider engagement as part of public-private mix (PPM); and
- Building the capacity of all types of care providers in diagnostics, contact tracing, and other areas to reach those affected by TB.

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 in civil society and communities, 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 and outreach including community-based education, identification, and referral of community members with TB symptoms to diagnostic facilities, and specimen collection and transport by community workers to improve access to diagnosis;
- Screening of key populations including miners and other marginalized groups that may not traditionally have access to TB services; 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 individual with TB for free provision of diagnosis and evidence-based treatment. In the context of the COVID-19 pandemic, there are certain adaptations that have been made to support adherence, including door-stop drug delivery, active phone-based patient support, extending drug supplies from two weeks to one month, and a range of other adaptations to support successful treatment.

Moving forward, USAID will support the following activities:

- Scaling-up person-centered and context-dependent approaches to TB treatment;
- Assessing care cascades and improving quality of TB care;
- Supporting the Central TB Division in design and implementation of research on the evaluation of Direct Benefit Transfer (Nikshay Poshan Yojana);
- Interventions that increase adherence and affect an individual's successful treatment, such as improved access to supportive services, counseling, nutritional support, linking to government social protection programs, e-health, behavior change communications, peer support, comorbidity support, and addressing catastrophic cost; and
- Incorporating additional case management (in addition to epidemiological surveillance) functionalities such as refill monitoring and clinical monitoring, as well as the development and linkage to laboratory and drug management modules.

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 had been made functional, including 154 nodal DR-TB centers which offered decentralized DR-TB treatment services.¹⁰ This decentralization will empower districts to enable the 'test and treat approach' to minimize delays in diagnosis and treatment, reduce travel costs, and expedite the 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 and expanding community-based services;
- 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, psychosocial support and education, and use of optimized short regimen;
- Introducing and scaling-up new drugs and treatment regimens;
- Eliminating catastrophic DR-TB patient costs;

¹⁰ National TB Elimination Program, *Annual India TB Report, 2020*.

- Use of behavioral schemes to improve support systems; 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 High-Level Meeting (UNHLM) on TB targets on TB prevention and has established a committee to develop and implement TB prevention guidelines.

Moving forward, USAID will support the following activities:

- Contact investigations of children and adults with TB using NIKSHAY, an information management system;
- Increasing TPT availability, including improved TB infection (TBI) detection and treatment for individuals at high risk of disease progression;
- Improving adherence to and strengthening of recording and reporting systems for TPT;
- Finding improved approaches to treating TBI in people who are high-risk contacts of individuals with DR-TB;
- Supporting the Central TB Division to disseminate and publish the National TPT guidelines, including using e-modules, job aids, and printed materials;
- Supporting micro-planning, introduction, and scale up of existing and expanded TPT policy guidelines in all states, and prioritizing four to five districts in Year 1 for implementation of the policy; and
- Building evidence for strategic testing with both interferon-gamma release assay (IGRA) and the new C-TB skin test.

SUSTAINABLE SYSTEMS

Commitment and sustainability

India, along with heads of state from other nations, committed to reaching the goals set at the UNGA. As a result of this, unprecedented political commitment to address TB has been achieved, 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 Mukht Bharat" campaign to end TB in

India by 2025. For greater administrative and political commitment, the NTEP has undertaken various initiatives across the country, including the TB Mukht Bharat ACF campaign and an inter-ministerial coordination initiative with various Union Ministries and Departments. A non-financial memorandum of understanding (MOU) has been signed with the Confederation of Indian Industries (CII) to help the uptake of NTEP policies in more than 1,000 organizations that are part of the confederation.¹¹

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, sub-offices, plant sites, etc.;
- Creating an enabling environment that addresses the demands of people with TB, including extending the TB Champions network activities to create a holistic engagement with multiple stakeholders to demand quality services and build the capacity of local communities to add TB awareness to their existing health efforts; 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 support. A health management information system (HMIS) and monitoring and evaluation (M&E) activities 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 healthcare. Governance and financing are critical in ensuring there is adequate capacity and optimal functioning of programs.

Moving forward, USAID will support:

- Improving quantification, forecasting, procurement, distribution, and regulatory systems for TB medicines and supplies; demonstrating e-pharmacy models for DS-TB and DR-TB drugs; and supporting the NTEP in improving efficiencies of TB diagnostics and drug supply chain management;

¹¹ National TB Elimination Program, *Annual India TB Report, 2020*.

- 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; supporting 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 sub-national TB strategic plans; increasing local accountability, including multisectoral accountability; and strengthening political commitment and financial investment in the fight against TB.