

# 100-Day TB Elimination Campaign Plan of Recommendations: Towards a TB-Free India

Accelerating Action.  
Building a TB-Free Future.

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## **Preface**

### **100-Day TB Elimination Campaign: A Decisive Step Towards Ending Tuberculosis**

Tuberculosis (TB) continues to be one of the leading health challenges in India, affecting millions of lives each year. The 100-Day TB Elimination Campaign is a bold initiative by the Ministry of Health and Family Welfare to fast-track India's journey toward a TB-free nation. Launched as part of India's Azadi Ka Amrit Mahotsav celebrations, this campaign emphasizes a multi-pronged approach to improving diagnostics, enhancing treatment outcomes, and addressing socio-economic determinants of the disease.

This document outlines a comprehensive plan of actionable recommendations tailored for the campaign's objectives. It encapsulates strategies to leverage existing healthcare infrastructure, mobilize communities, and utilize cutting-edge technology, aiming to eliminate TB by 2025. The commitment to this cause underscores a broader vision of health equity, sustainable development, and social justice, setting a global benchmark in tackling TB.

# Plan of Recommendations for Achieving TB Elimination in India

## Introduction

Tuberculosis (TB) remains a critical public health challenge in India, accounting for a significant share of the global burden. Despite consistent efforts, TB continues to impact millions, particularly among marginalized populations. India's goal of achieving TB elimination by 2025—five years ahead of the global Sustainable Development Goal (SDG) target—requires a robust, multi-sectoral approach. This plan outlines actionable recommendations to strengthen the healthcare system, improve diagnostics and treatment, engage communities, and address socio-economic determinants to achieve this ambitious target.

## 1. Strengthening Diagnostics and Case Detection

1. **Enhance availability of diagnostic tools at the grassroots level:** Deploy rapid molecular diagnostic tools like CB-NAAT and TrueNat in primary healthcare centers to ensure timely detection of TB.
2. **Mobile diagnostic units:** Introduce mobile units equipped with digital X-rays and AI-based analysis to reach remote and underserved populations.
3. **Training healthcare workers:** Conduct regular training programs for ASHA workers, ANMs (Auxiliary Nurse Midwives), and medical officers to identify TB symptoms and initiate testing promptly.
4. **Active case finding (ACF):** Organize periodic ACF campaigns in high-burden areas, particularly targeting slums, tribal areas, and prisons.

### *Improvement Strategies:*

- **Leverage AI and data analytics:** Tools like Qure.ai can be utilized to analyze chest X-rays in real-time, enabling early detection of TB in resource-limited settings.
- **Public-private collaboration:** Partner with private diagnostic labs to expand access to advanced diagnostic facilities.

### ***Examples:***

- The successful deployment of CB-NAAT machines in Bihar reduced diagnostic delays and improved treatment initiation rates in the state.
- Mobile diagnostic vans in tribal areas of Maharashtra have demonstrated increased case detection rates by 20% over two years.

**Reference:** <https://tbcindia.mohfw.gov.in/2024/10/11/india-tb-report-2024/>

## **2. Ensuring Early and Effective Treatment**

### ***Recommendations:***

1. **Expand shorter oral regimens for drug-resistant TB:** Replace injectable regimens with all-oral, shorter treatment courses like BPaL to reduce side effects and improve adherence.
2. **Strengthen treatment adherence mechanisms:** Use digital adherence technologies (DATs) like 99DOTS or VOT (Video Observed Therapy) to track patient progress.
3. **Comprehensive counseling services:** Establish patient counseling centers at district hospitals to educate patients about treatment protocols and address concerns.

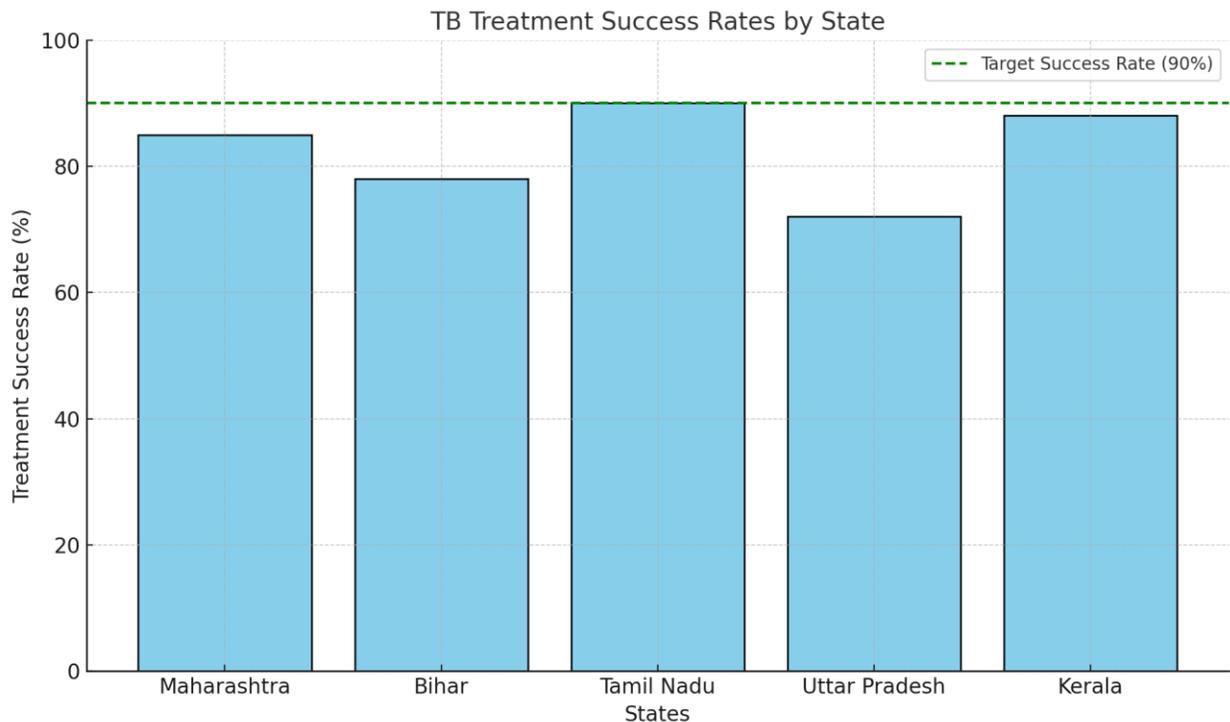
### ***Improvement Strategies:***

- **Incentivize adherence:** Provide financial incentives to ASHA workers and family caregivers for ensuring continuous patient engagement.
- **Integrate treatment into existing healthcare services:** Link TB treatment with other services like maternal and child health programs to ensure accessibility.

### ***Examples:***

- The 99DOTS program—where patients send a missed call to confirm medication adherence—has improved compliance rates by 15% in pilot districts.

- District TB units in Tamil Nadu's integrated health facilities have successfully delivered uninterrupted treatment to 85% of notified cases.



**Reference:** <https://theanalysis.org.in/india-tb-report-2024/>

### 3. Addressing Social Determinants of TB

#### **Recommendations:**

1. **Tackle malnutrition:** Expand the Ni-kshay Poshan Yojana to include monthly nutritional kits in addition to direct benefit transfers.
2. **Integrated health screenings:** Conduct simultaneous screenings for diabetes, HIV, and other co-morbidities during TB diagnosis.
3. **Economic support for vulnerable groups:** Provide additional financial aid to patients from economically weaker sections to cover ancillary costs like transportation and lost wages.

#### **Improvement Strategies:**

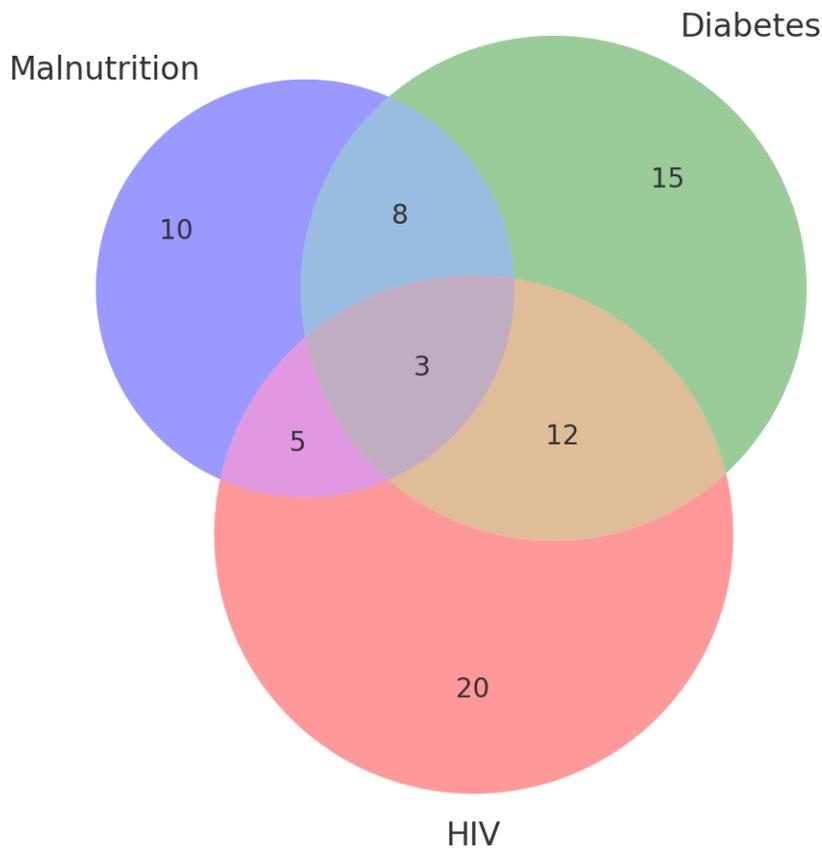
- **Collaborate with NGOs:** Organizations like Akshay Patra can support nutritional initiatives for TB patients.

- **Stigma reduction programs:** Conduct mass awareness campaigns involving community influencers to reduce stigma associated with TB.

**Examples:**

- Rajasthan’s initiative to provide fortified food packets to TB patients has shown a 30% improvement in recovery rates.
- Mumbai’s slum-specific interventions addressed malnutrition and poverty, leading to a significant drop in TB incidence.

**Venn Diagram of Co-Morbidities Contributing to TB Vulnerability**



**Reference:**

<https://vajiramandravi.com/upsc-daily-current-affairs/mains-articles/india-tb-report-2024>

## 4. Expanding Preventive Measures

### *Recommendations:*

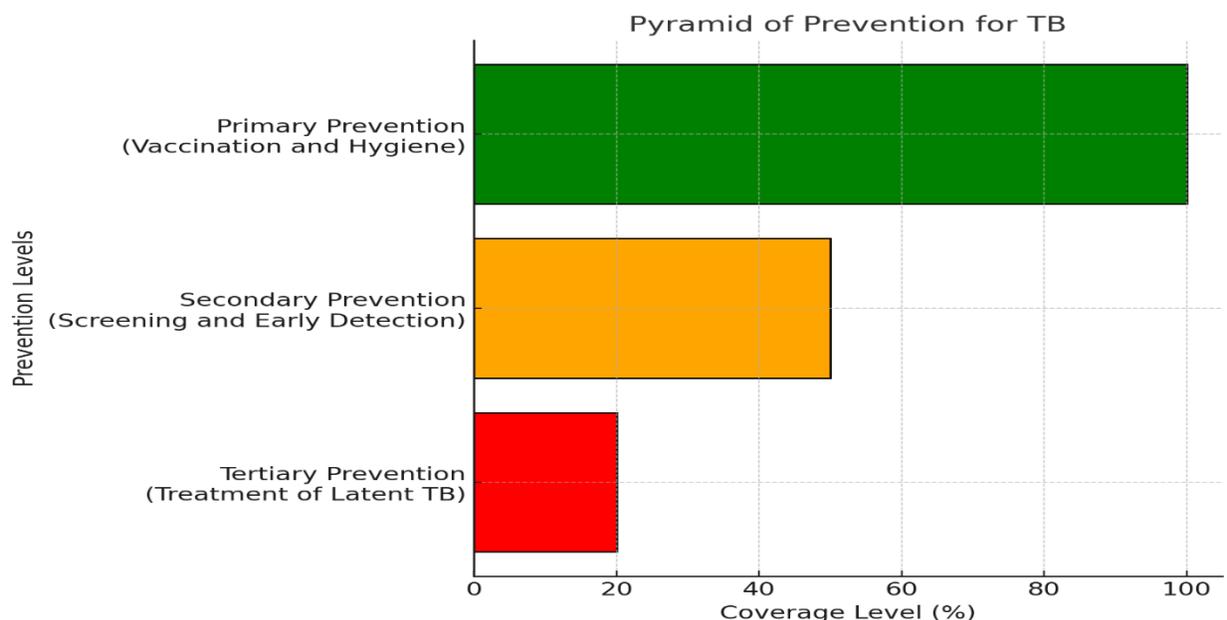
1. **Broaden coverage of TB Preventive Treatment (TPT):** Provide TPT to all household contacts of TB patients, particularly children under five years.
2. **Vaccination programs:** Scale up trials and eventual deployment of newer TB vaccines like M72/AS01E.
3. **Promote preventive health behaviors:** Encourage use of masks, cough hygiene, and proper ventilation, especially in densely populated areas.

### *Improvement Strategies:*

- **School-based programs:** Introduce TB awareness and prevention modules in school curricula.
- **Workplace initiatives:** Encourage TB screening and preventive measures in high-risk occupational settings, such as mining and construction.

### *Examples:*

- Kerala's school TB awareness programs have led to a 15% increase in early detection among children.
- Mining companies in Jharkhand implementing workplace TB prevention protocols reported fewer TB cases among employees.



**Reference:** <https://pib.gov.in/PressReleasePage.aspx?PRID=2070942>

## 5. Improving Healthcare Infrastructure

### **Recommendations:**

1. **Upgrade primary healthcare centers:** Equip centers with diagnostic tools, medication stockpiles, and trained personnel.
2. **Ensure uninterrupted drug supply:** Strengthen logistics management to prevent stockouts of TB drugs.
3. **Decentralize TB services:** Expand access to treatment through telemedicine and community health workers.

### **Improvement Strategies:**

- **Public-private partnerships:** Collaborate with private hospitals to deliver high-quality TB care.
- **Digital inventory systems:** Implement real-time tracking of TB drug availability at all health facilities.

### **Examples:**

- Punjab's eVIN (Electronic Vaccine Intelligence Network) for TB drug supply management has drastically reduced stockouts.
- Telemedicine kiosks in Andhra Pradesh have facilitated TB consultations in remote districts.

### **Reference:**

<https://www.devdiscourse.com/article/health/3193037-indias-progressive-strides-in-tuberculosis-elimination>

## 6. Community Engagement and Advocacy

### **Recommendations:**

1. **Mobilize community leaders:** Engage religious and local influencers to promote awareness and support for TB patients.
2. **Empower survivors as TB champions:** Train recovered TB patients to act as role models and advocates.

3. **Grassroots campaigns:** Conduct village-level outreach programs to educate the public about TB prevention and treatment.

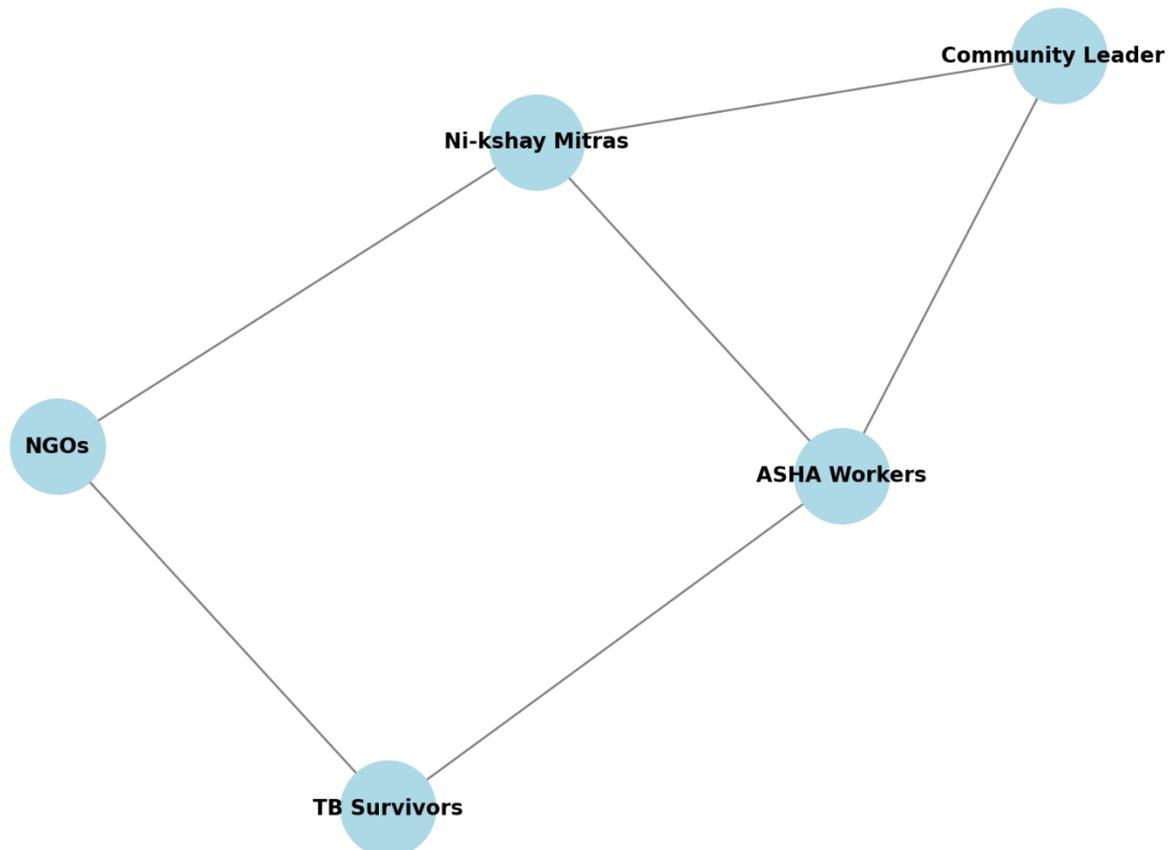
**Improvement Strategies:**

- **Leverage digital platforms:** Use social media and WhatsApp groups to share TB success stories and information.
- **Public recognition:** Honor community workers and TB champions to motivate wider participation.

**Examples:**

- Gujarat’s “TB-Mukt Panchayat” initiative empowered village leaders to conduct awareness drives, achieving a 25% increase in local case detection.
- The Ni-kshay Mitra program in Delhi has garnered strong support from local businesses and NGOs.

Social Network for Community Engagement in TB Elimination



**Reference:** <https://pib.gov.in/PressReleasePage.aspx?PRID=2080069>

## 7. Leveraging Technology and Innovation

### **Recommendations:**

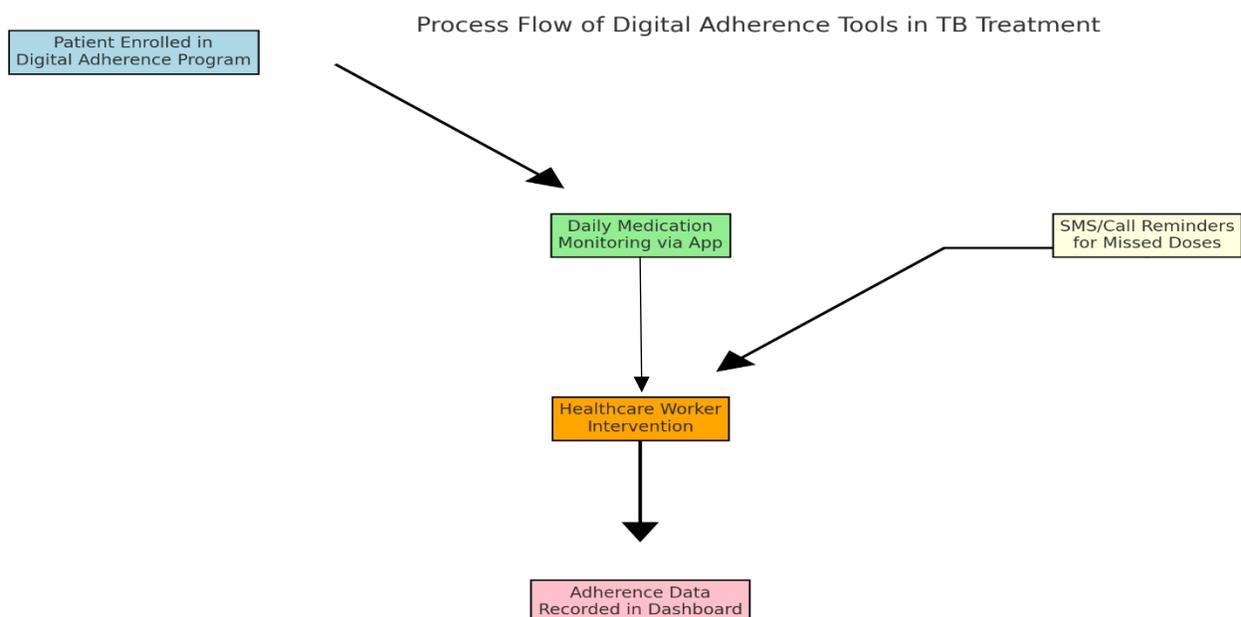
1. **Develop mobile applications:** Create user-friendly apps for diagnosis, treatment adherence, and symptom tracking.
2. **Big data analytics:** Use analytics to predict TB trends and identify at-risk populations.
3. **AI-based solutions:** Deploy AI tools for rapid diagnosis and prioritization of resources.

### **Improvement Strategies:**

- **Collaboration with tech companies:** Partner with firms like Google and Microsoft to develop innovative TB solutions.
- **Digital literacy training:** Train healthcare workers to use digital tools effectively.

### **Examples:**

- AI-powered diagnostic tools in Karnataka improved TB detection rates by 30% in pilot districts.
- Maharashtra's digital adherence program reduced treatment defaults by 10%.



***Reference:***

<https://www.who.int/news-room/questions-and-answers/item/digital-adherence-technology>

**8. Strengthening Policy and Governance**

***Recommendations:***

1. **Align state programs with national strategies:** Ensure uniform implementation of the National TB Elimination Program (NTEP).
2. **Accountability frameworks:** Create performance-based incentives for healthcare staff and officials.
3. **Increase funding:** Advocate for higher budget allocation for TB programs from public and private sources.

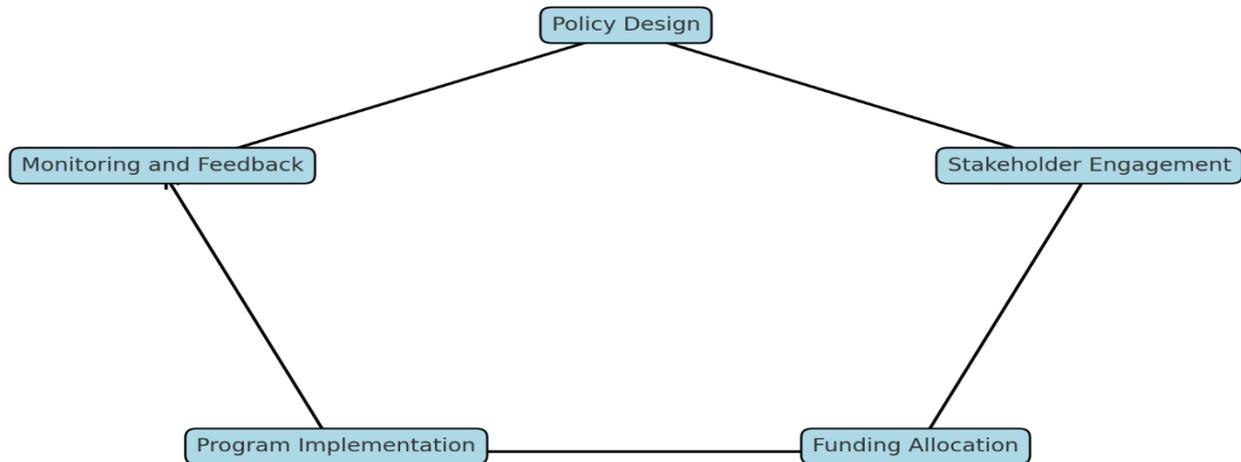
***Improvement Strategies:***

- **Legislative measures:** Introduce workplace policies to support TB patients, such as mandatory sick leave and job security.
- **Periodic reviews:** Conduct quarterly evaluations of program performance at the district level.

***Examples:***

- Haryana's outcome-based funding model incentivized districts to meet TB elimination targets.
- Rajasthan's "TB-Free State" campaign used state-level audits to ensure accountability.

## Policy Implementation Cycle for TB Elimination



**Reference:** <https://pib.gov.in/PressReleaseDetailm.aspx?PRID=2081379>

## 9. International Collaboration and Knowledge Sharing

### **Recommendations:**

1. **Collaborate with global bodies:** Work with WHO and Stop TB Partnership to access technical support and best practices.
2. **Participate in global research initiatives:** Contribute to vaccine and diagnostic research efforts.
3. **Regional cooperation:** Coordinate with neighboring countries to address cross-border TB transmission.

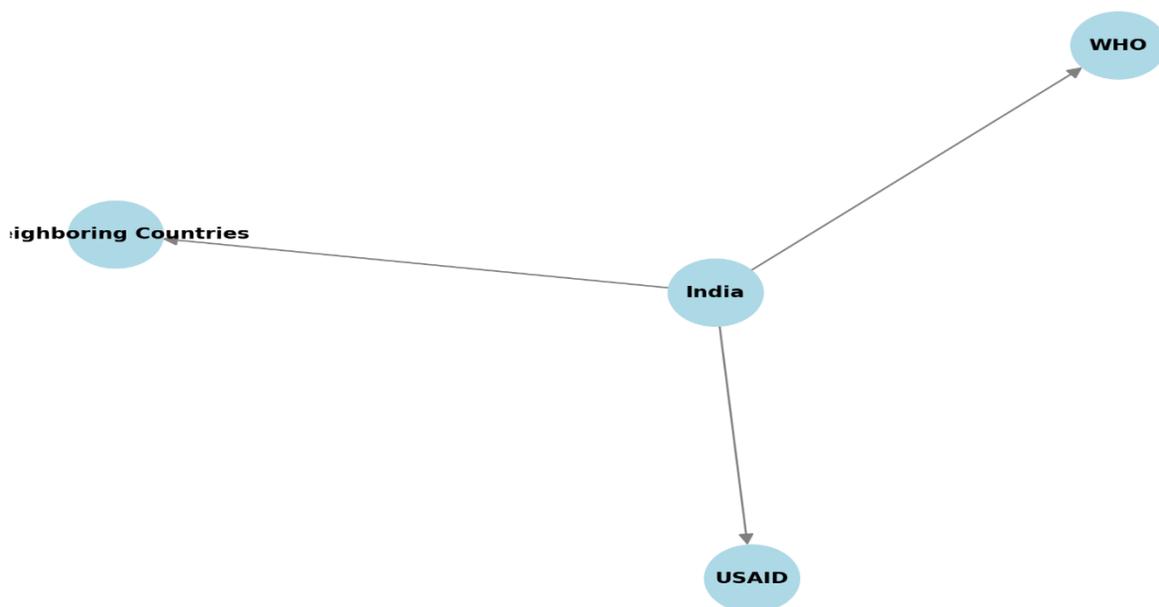
### **Improvement Strategies:**

- **Host international TB conferences:** Share India's experiences and learn from global success stories.
- **Global funding opportunities:** Seek grants from international health organizations to support TB elimination.

**Examples:**

- India's participation in the Gandhinagar Declaration strengthened South-East Asia's collective TB elimination efforts.
- Collaboration with USAID improved TB management practices in several Indian states.

Conceptual Diagram of Global Partnerships for TB Elimination



**Reference:**

<https://www.who.int/news-room/feature-stories/detail/strengthening-tb-elimination-in-south-east-asia>

**10. Monitoring and Evaluation**

**Recommendations:**

1. **Real-time progress tracking:** Use digital dashboards to monitor key indicators like incidence, detection rates, and treatment outcomes.

2. **Third-party evaluations:** Involve independent organizations for unbiased assessment of program effectiveness.
3. **Geographic Information Systems (GIS):** Use GIS mapping to identify high-burden areas and allocate resources efficiently.

***Improvement Strategies:***

- **Regular reporting:** Publish annual reports detailing progress and challenges in TB elimination.
- **Data-driven decision-making:** Use program data to refine strategies and scale successful interventions.

***Examples:***

- Madhya Pradesh's GIS-enabled TB tracking improved resource allocation in tribal districts.
- Bihar's third-party program evaluations identified critical gaps and led to policy changes.

**Reference:** <https://gis.org/>

**Conclusion**

India's goal of TB elimination by 2025 is ambitious but achievable with sustained efforts, innovation, and collaboration. By addressing gaps in diagnostics, treatment, and social determinants, and leveraging technology and community engagement, the nation can make significant strides toward a TB-free India. Success requires unwavering political will, robust infrastructure, and active participation from every sector of society. Together, we can realize the vision of a TB-Mukt Bharat and set an example for the world in tackling this global health challenge.

# Together, We can build a TB Free India

For a Healthier, and  
a TB-Free Future

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