

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:972
ANSWERED ON:22.07.2016
Cases of TB and MDR-TB
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the number of cases of Tuberculosis (TB) and Multi-Drug Resistant TB (MDRTB) and attributable deaths reported in the country during each of the last three years and the current year, State/UT-wise;
- (b) the steps taken/proposed to be taken by the Government for identification, detection and treatment of TB/MDR-TB cases along with the funds allocated and utilised therefor during the said period, State/UT-wise;
- (c) whether the Government has set any target to control and eliminate tuberculosis, if so, the details thereof and the action plan drawn by the Government for the purpose, State/UT-wise;
- (d) whether as per the findings of a latest study, use of Xpert molecular test as an initial diagnostic test for TB in public health facilities increased the rate of notification of TB and rifampicin resistant TB cases in the country; and
- (e) if so, the details thereof along with the corrective measures being taken by the Government to include the same in country's TB control programme?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)

(a): The details of the number of Tuberculosis (TB) and Multi-Drug Resistant TB (MDRTB) and deaths reported in the country during the last three years and the current year, State/UT wise under RNTCP is annexed (Annexure-I,II,III,IV).

(b): Government of India, along with State Governments, has been implementing the Revised National Tuberculosis Control Programme in the country which since 2005 is under the aegis of the National Health Mission. The goal of the programme is to attain universal access to free and quality assured diagnosis and treatment of tuberculosis.

Under the programme, more than 13000 designated microscopy centres have been established for quality diagnosis of TB. Treatment for drug sensitive TB is provided through a network of DOT Centres where a dedicated box containing complete course of treatment is available for each patient. Most government hospitals, Community Health Centres (CHC), Primary Health Centres (PHC), Sub Centres (SC) function as DOT centres. In addition NGOs, Private Practitioners (PPs) involved under the RNTCP, community volunteers, Anganwadi workers, women self-help groups etc. also function as DOT providers/DOT Centres. Drugs are provided under direct observation and the patients are monitored to facilitate adherence to and completion of treatment.

Programmatic Management of Drug Resistant TB (PMDT) Services under RNTCP were initiated in India from year 2007 and the entire country was covered by 2013. Diagnosis of Drug Resistant TB is conducted through quality assured drug susceptibility testing at 65 Culture and Drug Susceptibility Testing (C & DST) laboratories, in addition to availability of rapid molecular tests like Line Probe Assay (LPA) and Cartridge Based Nucleic Acid Amplification Test (CBNAAT).

The programme also addresses co-morbidities with TB. TB was made notifiable vide Government Order No Z28015/2/2012-TB dated 7th May 2012. A case based web based online application 'Nikshay' has been implemented to improve surveillance and facilitate case notification.

RNTCP strategy is multi-pronged and includes, inter alia, the following :

- strengthening and improving quality of basic DOTS services
- addressing TB HIV co-infection, other co-morbidities and MDR-TB
- engaging with care providers both in the public and the private sector
- targeted intervention in the vulnerable population and strengthening urban TB control
- integrating newer molecular diagnostics for TB in the health system for early diagnosis of MDR TB
- introducing newer anti-tuberculosis drug, Bedaquiline
- expansion of Programmatic Management of Drug Resistant Tuberculosis (PMDT) services
- aligning the Tuberculosis Units with Block Units under National Health Mission (NHM) for rationalizing the available resources and integration of TB services in the general health system
- leveraging of Information Communication Technology (ICT) for TB notification and strengthening of monitoring.
- The details of funds allocated and utilized are placed at Annexure-V.

(c): The targets have been defined as per the Sustainable Development Goal for 2030, which aims in reducing mortality rate by 90%

and TB incidence rate by 80% as compared to 2015. Targets for End TB Strategy for 2035 which aims in reducing mortality rate by 95%, TB incidence rate by 90% as compared to 2015 and no TB affected families face catastrophic costs due to TB by 2020.

(d) & (e): In a study undertaken to assess the impact of up-front Xpert MTB/RIF testing on detection of pulmonary tuberculosis and rifampicin-resistant cases of pulmonary TB in India, it was found that introduction of Xpert MTB/RIF as initial diagnostic test for TB in public health facilities significantly increased case notification rates of all bacteriologically confirmed TB and rifampicin resistant TB case notification. Under the RNTCP, Cartridge Based Nucleic Acid Amplification Test (CBNAAT) or Xpert molecular test is used for testing patients with presumptive Drug resistant Tuberculosis (DRTB) and Tuberculosis preferentially in key population such as PLHIV, children and extra-pulmonary TB. The data available with the TB control programme suggested its value addition. The programme has 628 CBNAAT machines across the country.