2022

TB MUKT HIMACHAL ABHIYAN

STATE STRATEGIC PLAN

Himachal Pradesh

2022

Department of Health & Family Welfare
Government of Himachal Pradesh

Subhasish Panda IAS
Principal Secretary (Health) to the
Government of Himachal Pradesh

MESSAGE

Tuberculosis is a major public health challenge affecting the poorest, most vulnerable, and socially marginalized population. TB has highly devastating socio-economic consequences on individuals, families and community and it is severely threating the collective progress of human beings. Although a medical disease, its cause and effects are both Social and Economic, thus pushing vulnerable people into a cycle of disease and poverty. The United Nations Sustainable Development Goals (SDGs) include ending the TB epidemic by 2030. Government of India has formulated the National Strategic Plan (2017-2025) to achieve this status by 2025 with high level commitment and additional financing.

In Himachal Pradesh, State Government has set an even more ambitious goal to achieve this target by 2024. The WHO had declared the disease as a global public health emergency in 1993. District Hamirpur was one of first districts in India, where Revised National Tuberculosis Control Program (RNTCP) was pilot tested, All districts were covered under the program by 2002. Under RNTCP, State did well in achieving the case detection target of 70% of estimated New Smear Positive cases and 85% of success rate. Recently in the year 2020, with the aim to eliminate TB from India, the programme was renamed as the National Tuberculosis Elimination Programme.

Following the Government of India's National Strategic Plan for Ending TB by 2025, State Government formulated Mukhya Mantri Kshay Rog Nivaran Yojna and launched TB Mukt Himachal Abhiyan in 2018 with the provision of funding support over and above the NTEP. State constituted formal bodies at State, District and block level which are entrusted the task of monitoring the progress of activities to achieve target of ending TB at each level. The State realises the importance of tapping the potentials of technology and for this, the State has developed a mobile based application TB Mukt Himachal App.

The Himachal State Strategic Plan to eliminate TB by 2024 being in line with the National Strategic Plan 2017-25 is a framework to guide the activities of all stakeholders in the state government, development partners, civil society organizations, research institutions, private sector, and many others whose work is relevant to TB elimination in Himachal. The strategy envisages the utilization of newer drugs, regimens, diagnostics tools, and facilities. The realization of a Tuberculosis Free State by the year 2024, by way of aggressive extension of tuberculosis service delivery, strengthening preventive measures and provision of quality patient care to the high risk as well as the total coverage of the population will be our focus.

State Government is fully committed, determined, and is in solidarity with the TB affected community. State Strategic Plan for ending TB is Himachal Pradesh is a vision document of the State Government for accelerating its efforts to defeat TB in Himachal Pradesh. The strategic plan will serve as the guide to all the districts and the state of Himachal Pradesh to achieve the TB elimination goals.

TB Harega ! Himachal Jitega ! Desh Jitega !

Subhasish Panda

Dr. Anita Mahajan
Director Health Services
Himachal Pradesh

MESSAGE

India revised the National TB Program in 1995 in response to the global call to control TB. Earlier, in 1993, WHO had declared the disease as a global public health emergency. Himachal Pradesh, a north Indian state, started implementing the Revised National Tuberculosis Control Program (RNTCP) in 1995 as pilot project, achieving complete population coverage in 2022. Program was renamed to NTEP in 2020.

TB Elimination in Himachal Pradesh is synonymous with strengthening health system further. Health system is being further geared up to reduce major TB vulnerabilities including diabetes, chronic respiratory diseases and tobacco use. Himachal Pradesh State has many favourable factors to eliminate TB and be a forerunner in TB Elimination Mission of the nation. Entire TB services here is well integrated with the general health system. There is a wide network of public health infrastructure, providing services for TB patients in the State.

Himachal Pradesh State has taken many steps towards TB Mukt Himachal Pradesh and has pioneered Sunday ACF activity by ASHA, besides 2 rounds of routine ACF campaigns in a year for searching the TB cases from the community, ASHA on every Sunday screens atleast 80 people for any symptoms of TB.

We are determined to make TB a disease of past and to make the people, villages, wards, blocks, districts, cities, and state of Himachal Pradesh TB mukt. Achieving TB Mukt Himachal require novel and innovative ways of working, building on the years long efforts and partnership with many new stakeholders to join the mission. Department of AYUSH, Panchyati Raj, Medical Education, ICDS, IMA, Chemist Association, development partners, NGOs and CBOs has joined hand with the Department of Health and are essentially the part of State Strategic Plan for ending TB in Himachal Pradesh. This strategic plan comes up with more such innovations and consorted efforts and partnerships with diverse partners to accomplish the established outcome of TB elimination by 2024 in Himachal Pradesh.

The aim of this State Strategic Plan for ending TB in Himachal Pradesh document is to guide actions that are needed at state and district to adapt, innovate, launch, and implement the Government of India's National Strategic Plan (NSP) to End TB in India by 2025. This Strategy is the commitment of the state government to achieve NSP targets by 2024 in Himachal Pradesh. This strategy document ambitiously aims to achieve a rapid decline in TB burden and catastrophic expenditure.

This State Strategic Plan document is drafted after a national and state level consultations of program managers, experts from medical colleges, fields, development partners and staff. This document is intended for all stakeholders engaged in the mission of ending TB in Himachal.

The State Strategic Plan Document will be guiding force for the TB Mukt Himachal Pradesh. I acknowledge inputs from all the District TB officers, state and district TB program staffs, and all other stakeholders. I hope this strategic document will enable the state to achieve its vision of TB free Himachal Pradesh by the year 2024.

I congratulate Dr. Gopal Beri STO Himachal Pradesh and his team for the efforts preparing this document.

Dr. Anita Mahajan

Hem Raj Bairwa IAS
Mission Director, NHM
Himachal Pradesh

MESSAGE

TB remains as a public health scourge, a health security threat, and a development challenge to the nation. Tuberculosis (TB) is one of the top 10 causes of death worldwide, over 95% of cases and deaths are in developing countries. TB is a public health issue of developing nation; it continues to be number one killer disease among the infectious diseases. Government of India has decided an audacious goal to end TB by 2025 i.e. five years ahead of the target fixed by UN. Hon'ble Prime Minister made this declaration on 13 March 2018 in an event organized in Vigyan Bhawan New Delhi.

State Government of Himachal Pradesh gave an accelerated response to United Nation's SDG and Government of India's NSP and came out with Mukhya Mantri Kshay Rog Nivaran Yojna and rolled out TB Mukt Himachal Abhiyan in 2018. MMKRNY and TB Mukt Himachal Abhiyan are the testimonials of highest political and administrative commitment of the State to protect the citizen from TB disease.

State was on the right track and progressing well for ending TB until the covid pandemic hit the State in 2020, State took all steps to mitigate the effects of covid pandemic on TB services, but still case finding hampered during the pandemic, hence State's target is revised to 2024 to end TB. Although COVID-19 pandemic situation has been a lesson learning period for the State, and a similar model to that of COVID-19 for breaking the transmission chain through identification of cases, contact tracing, testing of suspected cases and training manpower for capacity is being adopted for eliminating TB cases as well in Himachal Pradesh.

The State Strategic Plan for Ending TB in Himachal Pradesh focuses on early diagnosis and prompt treatment of TB to prevent further spread of the disease. It incorporates key elements of the programme such as universal drug susceptibility testing, systematic screening of contacts and high-risk groups, establishing collaborations with other cross cutting areas such as HIV, Diabetes, Malnutrition. The Strategic plan also focuses on setting a strong surveillance system for finding the hidden TB cases.

No initiative can be successful without the administrative commitment, TB free Himachal Pradesh movement has already got highest administrative commitment through Mukhyamantri Kshay Rog Unmoolan Samiti, Technical Advisory Committee and Zila Kshay Rog Unmoolan Samiti.

This strategy document 'State Strategic Plan Himachal Pradesh for Ending TB' provides a vision of a Himachal Pradesh- a State Free of Tuberculosis. Its ambition aims to reduce the TB burden in terms of incidence, prevalence, morbidity, mortality and build systems to strengthen the health service delivery to achieve TB Elimination.

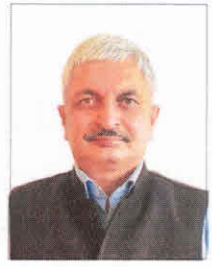
The "Himachal State Strategic Plan to Eliminate TB" provides a vision for Tuberculosis free State. Its determinations are to decrease the TB burden in terms of incidence, prevalence, morbidity, mortality and reducing catastrophic cost due to Tuberculosis to achieve the TB Free state by 2024.

I am sure that with commitment of our entire team, this document will surely aid in ending TB in Himachal Pradesh by providing direction to the programme and unified and comprehensive strategy to end TB deaths, disease suffering of people of Himachal Pradesh.

The strategies are comprehensive with clear roadmap, and all 12 districts will need to adapt these to their contexts. However, we do hope that district will use these guidelines to develop a district specific road map and build shared accountability at sub district and grass root level, so that there is a clear goal and focus to help us to reach the target of TB Mukt Himachal.

Hemraj Bairwa

Dr. Gopal Beri
State Tuberculosis Officer
Himachal Pradesh



ACKNOWLEDGMENT

The document "State Strategic Plan for TB Mukt Himachal Pradesh" has been made possible with the constant support and encouragement provided by Sh. Subhashish Panda IAS, Principal Secretary (Health) to the Government of Himachal Pradesh. Sh. Hemraj Bairwa IAS, Mission Director National Health Mission has been a guiding force to the team throughout the development of the document. He provided critical inputs and invaluable guidance which has immensely helped in refining this strategy document. In fact, worthy Mission Director NHM led the discussion on national level workshop on developing State Strategic Plan at New Delhi on 28-29 October 2021 and state workshop at Shimla on 30-31 December 2021.

A special note of thanks and gratitude for Prof. Ashok Bhardwaj NTF chairman for extending his support and leading the discussion in the SSP workshops. He is a mentor for TB elimination in the State.

A core team within State TB Cell, STDC and WHO consultants prepared this document after the deliberations held with DTOs, program staff, key stakeholders from department of Ayurveda, State Task Force (Medical colleges), drug control authority, IMA and chemist association. Contribution of WHO technical support network medical consultants Dr Ravinder Kumar State HQ consultant and Dr. Shailja Kanwar are appreciated for their technical expertise in strategizing the plan for the state of Himachal Pradesh.

Efforts of Dr. Satish Pundir (STDC Epidemiologist Dharampur), Dr. Kavinder Lal (STC Shimla), Ms Shipra Sharma (EQA microbiologist IRL Dharampur), Mr. LR Sharma (State IEC officer), Dr. Sonali Baghla (Project Akshay Plus) and Mr. Sumit Rana (PFMS consultant) are acknowledged.

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We acknowledge inputs from all the District TB officers, state and district TB program staffs, and all other stakeholders during the State Strategic Plan workshops and during the finalization of this document.
I hope this strategic document will enable the state to achieve its vision of TB Mukt Himachal by the year 2024.

TB Harega ! Himachal Jitega ! Desh Jitega !

Dr. Gopal Beri

Background:

Tuberculosis is a major public health challenge affecting the poorest, most vulnerable, socially marginalized population from many thousand years. It is one of the top 10 causes of death worldwide, over 95% of cases and deaths occurs in developing countries. The United Nations Sustainable Development Goals (SDGs) includes ending the TB epidemic by 2030. Government of India has planned and implementing ambitious goal to end TB by 2025 i.e., five yearsahead of the target fixed by United Nations. Hon'ble Prime minister has made the commitment for the same in on 13 March 2018 in a mega event organised at Vigyan Bhawan New Delhi. National Strategic Plan 2017-2025 guides the program to achieve this target.

With an accelerated response to SDG and NSP and a call to Hon'ble Prime Minister of India, Hon'ble Chief Minister Himachal Pradesh launched Mukhya Mantri Kshay Rog Nivaran Yojna- a state funded scheme for Ending TB in Himachal Pradesh ahead of the timeline fixed at national level. Major focus of the scheme was to fill up the gap in the infrastructure, capacity building, knowledge gap among general population about TB and systematic screening of population about TB symptoms on a campaign mode. MMKRNY is a planned activity of the State Government with the annual budgetary support of Rs. 2 Crores. This scheme demonstrates the highest political and administrative commitment for ending TB in Himachal Pradesh.

Under MMKRNY, there are two formal bodies at State level; Mukhya Mantri Kshay Rog Unmoolan Samiti under the chairmanship of Hon'ble Chief Minister and Technical Advisory committee under Principal Secretary Health to the Government of Himachal Pradesh, whereas there is Zila Kshay Rog Unmoolan Samiti under the chairmanship of Deputy Commissioner at the district level. Tuberculosis being the cross-cutting subject; key stakeholders from other departments are the part of these committees and are countributing for TB mukt Himachal Abhiyan.

State of Himachal Pradesh has taken many steps towards TB Mukt Himachal Pradesh. With an objective to detect the TB cases early, State is periodically carrying out active case finding activities since 2017, which helped the state to reach to the unreached in a systematic manner. HP state has rolled out an innovative activity of Sunday ACF by ASHA. Himachal Pradesh State has a network of near 8000 ASHA who are supporting State in implementation of all national health programs and schemes as front-line workers. In NTEP, there role was

earlier limited to DOT provider. With an objective of early diagnosis of TB cases, Department of Health & Family Welfare rolled out "Sunday ACF activity by ASHA" across the State in December 2019 under Mukhya Mantri Kshay Rog Nivaran Yojna. Each ASHA on Sunday visits atleast 20 households and screens atleast 80 persons for any symptoms of TB. ASHA also collects and transports the samples to nearest DMC. Rs 100 is given as honorarium to ASHA per activity day. Sunday ACF activity has been effective in lowering down delay in diagnosis, cutting the chain of transmission of the disease in the family and community. ASHA during the Sunday ACF activity is also spreading awareness about the symptoms of TB disease and available diagnostic and treatment services in the public sector.

Department of AYUSH in Himachal Pradesh has large network of health institutions which includes a Government Ayurvedic college & Hospital, 33 Regional, District Hospitals and Sub-divisional hospitals and 1208 Ayurvedic Health Centre. Under MMKRNY, all AMOs and pharmacists has been trained on the latest NTEP guidelines; they are now the part of TB mukt Himachal Abhiyan and countributing for identification of presumptive TB cases and ensuring their formal referral to TB diagnostic center. CBNAAT machine is also installed in the Government Ayurvedic Medical College.

Department of Health & Family welfare developed a TB mukt Himachal Application with an objective to provide a single source of information on different diagnostic services available across all districts in the State and a treasure house of information about the TB disease, diagnosis, treatment, and prevention.

Private sector in Himachal Pradesh is supporting TB Mukt Himachal Pradesh campaign. IMA office bearers at State and district level are the members in TB elimination bodies. All TB cases diagnosed by private practioners are notified to the district health authorities, patients notified by private sector are offered the benefits of Public Health Action under the program. State has conducted series of CMEs for PPs at regional and district level on recent NTEP guidelines.

State has developed an effective recording & reporting system of sale of TB drugs at wholesaler/retailers and in-house pharmacies level. There is major support from Drug control authority and chemist association of all districts. State has conducted orientation session for Chemists on schedule H1 reporting and their role in TB mukt Himachal Abhiyan.

National Strategic Plan (2017-25), advocates for early identification of presumptive TB patients, at the first point of care, be it private or public sector, and prompt diagnosis using

highly sensitive diagnostic tests such as NAAT. State has a plan for transition to molecular basis of diagnosis of TB from the smear microscopy in a phased manner; under MMKRNY, State procured 6 CBNAAT machines and installed across major hospitals of the state. Early TB case finding becomes key to improved case notification, prevent TB infection, and further TB disease.

With an objective to make TB a Jan Andolan in Himachal Pradesh, several ACSM activities are going on across the State. Each year, series of Nukkad Nataks on TB mukt Himachal Abhiyan are carried out. TB mukt Himachal Abhiyan is also being propagated through various social media plateform. Department of Panchyati Raj & rural development is one of the key stakeholders in TB mukt Himachal Abhiyan. Services of PRI members is being taken for awareness generation, mapping of vulnerable population, surveys, active case findings, treatment support group activities and linking TB patients with social welfare schemes. Department is focusing on the concept of TB mukt village and TB mukt Gram Panchayat concept.

TB disease is not only a medical condition but also a social and an economical challenge to the community. There is stigma and catastrophic expenditure associated with it. Though the treatment and diagnostic services are provided free of cost to the patients under National TB Elimination Program (NTEP), however, the patients require constant support both psychological, financial and support for nutrition for completion of treatment because the treatment is often long and difficult. WHO in its End TB strategy emphases on the practical aspects, including stakeholders' support to address treatment interruption, adherence support, social protection, poverty alleviation, with special attention to the need of the affected communities, and vulnerable population. Social determinants contribute to tuberculosis disease which are linked to directly and indirectly to social and economic vulnerabilities. There is a vicious cycle of poverty, malnutrition, and disease. In individuals with undernutrition, TB worsens the already poor nutritional status. Undernutrition is a serious and complicated condition in TB patients which increases the risk of occurrence and severe TB disease, drug toxicity, reduces the bioavailability (drug absorption), relapse after cure and even leads to death. Department of Health & Family Welfare Himachal Pradesh is providing a nutrition supplement called Nutrimix to all the DRTB patients since September 2016. One serving of Nutrimix is 100 gm providing 520 Calories of energy, 15 gm of proteins and other nutrients. June 2020 onwards, State Government is providing Rs 1500 rupees per

month as financial assistance to all DRTB patients to meet the additional nutritional needs. This support is over and above the Nikshay Poshan Yojna.

TB can affect everyone, but specific population groups have a higher risk of acquiring TB infection and progressing to disease once infected; these groups include people living with HIV, household contacts of TB patients, health workers, people living in slum, prison inmates, mining workers, and others in settings with a high risk of transmission of M. tuberculosis. Goal of TB mukt Himachal Pradesh can't be achieved without addressing the issue of LTBI by 100% contact tracing and screening of contacts of TB cases, saturating TB preventive treatment among PLHIV and children (of age < 5 years) contacts of persons with TB and expanding the TPT coverage to contacts (of age >5 years) and people in the high-risk groups. Establishing Infection Prevention Control (IPC) measures especially in health care settings is the need of hour. For past few years, State has been providing TPT coverage to more than 80% of eligible children and PLHIV, however the same needs to be saturated to 100 %. Hon'ble Chief Minister launched TPT for upscaling the coverage to other groups on 6th January 2022. TPT is currently rolled out in all the 12 districts of Himachal Pradesh.

Ministry of Health & Family Welfare Government of India initiated Sub National TB free certification survey since 2021. In the 2021, total five districts of Himachal Pradesh demonstrated the decline in incidence and received the award from Hon'ble Union Health Minister (L&S-Silver and Kangra, Una, Hamirpur, Kinnaur-Bronze medal), in the second round of SNC held in March 2022, eight districts of Himachal Pradesh bagged silver medals (Kangra, Mandi, Kullu, L&S, Kinnaur, Una, Hamirpur and Shimla) and three districts (Solan, Sirmaur and Chamba) received bronze medal and overall State received bronze medal in declining the TB incidence in the State.

In last two years, covid 19 posed a great challenge for providing health services to all patients and in implementation of national health program. NTEP was also affected adversely. At one hand, patients found it difficult to reach the health institutions, at the same time NTEP staff was doing emergency duty in mitigating the epidemic. TB notification rate in 2020 and 2021 was decreased, hence State took a conscious decision to achieve targets of ending TB by 2024.

State Strategic Plan for Ending TB in Himachal Pradesh-2022

Ministry of Health, Government of India conducted a consultative workshop for finalizing State Strategic Plan for ending TB on 28-29 October 2021 in New Delhi. Total 9 thematic

areas based upon the National Strategic Plan, which are as follow:-*Presumptive TB examination rate, TB case notification, TB Preventive Treatment, Differentiate TB care, treatment adherence and treatment outcome, Drug Resistant TB, ACSM & TB Mukt Bharat Abhiyan, Community Engagement, Multisectoral engagement and Out of Pocket Expenditure.* After preparing a skeleton of plan with results framework with logical impact and outcome indicators, Department of Health & Family Welfare Himachal Pradesh organized a state level consultative workshop in Shimla on 30-31 December 2021; participants were DTOs and DTC team, STF team, representative from AYUSH department, drug control authority etc. Following the national consultative meeting, state level consultative meeting and post meeting discussion, State came out with State Strategic Plan for TB Mukt Himachal by 2024. State Strategic Plan Himachal Pradesh specifically focuses on political and administrative commitment, intensified case finding activities, early diagnosis and prompt treatment, private sector engagement,contact tracing, and Latent TB infection management, multisectoral collaboration, community engagement and zero out of pocket expenditure to TB patient's families.

All stakeholders from other departments and organizations such as District Administration, AYUSH, Medical education, Health Safety & regulation, Drug control authority, Industry, Panchayati Raj, WCD, ESIC, ECHS, IMA, IAP, IAPSM, Chemists association, NGOs, faith-based organization, media, transport department, power department, industry association, transport department, labor association will be brought together for achieving the desired goal ahead of national timeline. This Strategy is the commitment of the state government to achieve NSP targets by 2025. This strategy documentambitiously aims to achieve a rapid decline in TB burden and catastrophic expenditure in Himachal Pradesh.

The strategies are comprehensive, clear roadmap, and district will be adapting these to their contexts, as the inputs for the same are provided by the district teams itself in the consultative workshop. There will be a district specific road map and build shared accountability at sub distt and gross root level, so that there is a clear goal and focus to help State to reach the target of TB mukt Himachal Pradesh.

Vision, Goal and objectives of TB mukt Himachal Pradesh

The WHO End TB Strategy and the United Nations (UN) Sustainable Development Goals share the common aim of ending the TB epidemic by 2030. Government of India has formulated the National Strategic Plan to achieve this status by 2025. State Strategic Plan for TB Mukt

Himachal adapts the NSP framework for designing its goals and strategies.

Vision: TB-Free with zero deaths, disease, and poverty due to tuberculosis in Himachal Pradesh

Goal: To achieve a rapid decline in burden of TB, morbidity and mortality while working towards elimination of TB in Himachal Pradesh by 2024

Objectives:

1. To reduce TB incidence rate by 80% as compared to baseline of 2015
2. To reduce number of TB deaths by 90% as compared to baseline of 2015
3. Reducing catastrophic costs due to TB to zero

RESULTS FRAMEWORK FOR
OUTPUT AND OUTCOMES INDICATORS

The results framework below highlights the core impact, outcome indicators and targets of the NSP that highlight the four thrust areas that include private sector engagement, plugging the leak from the TB care cascade, active TB case-finding among key populations (socially vulnerable and clinically high risk) and specific protection for prevention from development of active TB in high-risk groups.

Indicator	Baseline 2015	2019	2022	2023	2024	2025
Presumptive TB examination rate	1295	3066	3000	3500	3700	4200
Proportion of Presumptive TB tested with up-front Rapid molecular test	2.5%	30%	40%	50%	60%	70%
No. of X-ray machines available in public sector and access to x-ray in the private sector	118 Private sector data not available	179 (Public sector) Private sector data not available	181	185	185	185
Proportion of villages and wards with presumptive TB examination rate >30 per 1000 population	Data not available	Data not available	80%	90%	100%	100%

TB Preventive Treatment rate per lakh population	Data not available	20	200	263	390	515
Number needed to Test per Microbiologically positive TB case	10	19	20	30	40	50
Total TB patient notification (in lakh)	0.1	0.17	0.16	0.17	0.14	0.12
Total patient Private providers notification (in lakh)	0.01	0.01	0.01	0.01	0.01	0.01
MDR/RR TB patients notified	175	326	300	310	250	240
Mono H-DRTB patients notified	NA	214	180	200	220	260
Proportion of notified TB patients offered DST (NAAT)	24	76	78	80	80	80
Proportion of notified TB patients offered DST (1st line LPA)	0	45	50	50	60	60
Proportion of notified patients initiated on treatment DSTB	97	97	97	100	100	100
Proportion of notified patients initiated on treatment DRTB	90	93	95	100	100	100
Treatment success rate among notified DSTB	90	89	90	90	90	90
Treatment success rate among notified MDR/RRTB	43	69	70	70	75	75
Proportion of population undergoing active case finding	Not done	40	90	90	90	90

Proportion of identified targeted key affected population undergoing active case finding (%)	NA	50	100	100	100	100
Proportion of notified TB patients receiving financial support through Direct Benefit Transfers (DBT)	NA	85%	90%	95%	95%	95%
Proportion of identified/eligible individuals for preventive therapy/ LTBIs - initiated on treatment	NA	88% (HHC of age <6 years)	60%	70%	85%	85%

LOG FRAME OF NTEP INDICATORS

A. Increase in presumptive TB examination rate

Status	2015 Baseline	2019	2020	2021
	1295	3066	1752	1865

Strategy 1: Institutional screening in Department of Health & FW Institutions

Activity	Sub activities	Timeline
Increasing referral and examination of presumptive TB cases from OPD and IPD	Orientation of MOs at each level of PHI on identification and referral of presumptive TB cases and following the complete diagnostic protocol for TB detection	Sep 2022
	Monthly review and follow up of PHI referrals by BMO	Sep 2022
	Orientation of staff at OPD registration counter, security staff, laboratory staff about for Fast Tracking of Presumptive TB cases	Sep 2022
	Branding of OPD registration counter as cough corner-IEC material display and fast tracking signages	Sep 2022
	Orientation of nursing staff about mandatory screening of Indoor patients within 24 hours of admission	Sep 2022
	Monthly performance review of IPD screening by Institutional Incharges, BMO and CMO	Sep 2022
	Ensuring availability of entire logistics including Fast tracking cards	Sep 2022

Strategy 2: Engagement of Community Health Officers

Activity	Sub-activities	Timeline
Identification and referral of chest symptomatic/	Orientation of CHOs on identification and referral of presumptive TB cases	June 2022
	Ensuring availability of entire logistics at HWC	June 2022

presumptive TB cases from HWC	Branding of HWC with NTEP logo and program details	June 2022
	Implementation of PLIs for CHO for referral of chest symptomatic	June 2022
	Monthly review and follow up of HWC referrals by BMO	June 2022
	Establishing sample transport mechanism from HWC to nearest TB diagnostic Centre	June 2022

Strategy 3: Institutional screening in Department of AYUSH health institutions

Activity	Sub-activities	Timeline
Increasing referral and examination of presumptive TB cases from OPD and IPD in AYUSH department health institutions	Notification of Nodal Officer (TB Mukt Himachal) in each District	July 2022
	Orientation of AMOs and AYUSH pharmacists for identification and referral of presumptive TB cases and following the complete diagnostic protocol for TB detection	July 2022
	Ensuring availability of entire logistics to AYUSH health institutions; including Fast tracking cards in Ayurvedic Medical college Paprola, Distt Kangra	July 2022
	Ensuring optimum functionalization of existing DMCs across 11 AYUSH health institutions	July 2022
	Strengthening recording & reporting mechanism from AHC, SDAMO and DAO to Directorate Ayurveda and State TB Cell	July 2022
	Orientation of staff at OPD registration counter, security staff, laboratory staff about for Fast Tracking of Presumptive TB cases	July 2022
	Display of IEC material on TB Mukt Himachal in AYUSH health institutions	July 2022
	Ensuring screening of Indoor patients within 24 hours of admission in AYUSH health institutions	July 2022
	Participation of AYUSH nodal officers in NTEP review meeting at District and State level	July 2022

Strategy 4: Engagement of Private Practioners (Allopathic and AYUSH)

Activity	Sub-activities	Timeline
Increasing referral and examination of presumptive TB cases from Private Practioners (Allopathic and Ayush)	Mapping of PPs at PHI and block level by the field staff	December 2022
	Conduction of re-orientation workshops for PPs at block and district level	December 2022
	Ensuring one session on NTEP in each IMA meeting by the concerned DTO	December 2022
	Ensuring availability of entire logistics (triplicate form, sputum cups and Falcon tube) to facilitate referrals from PPs	December 2022
	Monthly review at Block and Distt level and establishing feedback mechanism	December 2022
	Timely disbursement of Informer's incentives to PPs on diagnosis of referred case	December 2022
	Identification of champion PPs with highest diagnosis and facilitating peer and public recognition	March 2023

Strategy 5: Engagement of Chemists, Rural health practioners and Traditional healers

Activity	Sub-activities	Timelines
Increasing referrals of presumptive TB cases from Chemists, Rural health practioners	Comprehensive mapping of each category at PHI and block level by the field staff	June 2022
	Conduction of orientation meeting at PHI and Block level	July 2022
	Ensuring availability of logistics (triplicate forms and sputum cups) to facilitate referrals	July 2022

and Traditional healers	Cough syrup sale records maintenance by Chemists and submission to the program staff	December 2022
	Follow up of patients taking cough syrup by staff for sample collection and testing for TB	December 2022
	Monthly performance review at Block level	December 2022
	Timely disbursement of Informer's incentives on diagnosis of referred case	December 2022

Strategy 6: Engagement of Health institutions in other sector (ECHS, ESIC, Power projects and Cement factories)

Activity	Sub-activities	Timeline
Increasing referrals and examination of presumptive TB cases from (ECHS, ESIC, Power projects and Cement factories)	District wise mapping of health institutions in ECHS, ESIC, power projects and Cement factories	June 2022
	Conduction of sensitization/re-sensitization meeting at District level	August 2022
	Ensuring availability of logistics (triplicate forms and sputum cups) to facilitate referrals	August 2022
	Creation of PHI login for all ESIC health institutions in Nikshay portal	August 2022
	Strengthening utilization of services in existing DMCs in these units	September 2022
	Establishment of new DMCs in ESIC institutions	November 2022
	Monthly performance review at Block and district level	December 2022

Strategy 7: Intensified case finding

Activity	Sub-activities	Timeline
Increasing identification, referral, and examination of presumptive TB cases from ICTC/ART-Centre/NCD clinics/ANC Clinics/Drug de-addiction centres/ARSH clinics/SARI-ILI clinics/Nutritional Rehabilitation Centres/Post covid patients	D.O. to be issued to Incharges/staff of ICTC/ART-Centre/NCD clinics/ANC Clinics/Drug de-addiction centres/ARSH clinics/ Nutritional Rehabilitation Centres /SARI-ILI clinics for ensuring ICF in these units	May 2022
	Orientation of key officials of these units in TORs of ICF for TB	June 2022
	Display of IEC material especially the signs and symptoms of TB	June 2022
	Ensuring availability of logistics (triplicate forms and sputum cups) to facilitate referrals from these units	June 2022
	Monthly performance review at block and district level	July 2022
	Development of feedback mechanism to referring units	July 2022
	Conduction of District TB Comorbidity committee meeting under the chairmanship of Deputy commissioner once in a quarter	August 2022
Screening of students in schools for TB	Orientation of RBSK teams of NTEP guidelines especially on diagnostic algorithm and contact tracing	August 2022
	Health education/IEC activities about Tuberculosis in schools by RBSK team	December 2022
	Monthly performance review at Block and Distt level	December 2022

Strategy 8: Contact tracing

Activity	Sub activity	Timeline
Strengthening contact tracing activities	Issuance of revised D.O. on contact tracing guidelines from State authorities	June 2022
	Mandatory home visits by ASHA/HW within one week of notification of cases	June 2022
	Mandatory home visit by STS within fortnight of notification	June 2022
	Screening of non-household contacts in workplaces, who are close contacts of pulmonary Index cases	June 2022
	Updation of Contact tracing register at each PHI	June 2022
	Updation of contact tracing activities in contact tracing module in Nikshay	June 2022
	Offering TB testing to symptomatic contacts of Index pulmonary cases	June 2022
	Offering TBI testing (Mantoux/IGRA) to asymptomatic contacts (>5 years) of Index pulmonary cases	June 2022
	Monthly performance review at Block and Distt level	June 2022

Strategy 9: Community based screening

Activity	Sub activities	Timeline
Sunday ACF activity by ASHA	Screening of at least 80 persons in each ASHA villages by ASHA on each Sunday	June 2022
	Recording and reporting in a customized Sunday ACF app	June 2022
	Monitoring at PHI and block level	June 2022
Regular screening of population by ASHA through CBAC	Regular screening of population by ASHA through CBAC and identification of high risk/vulnerable population for TB	June 2022
	Collection and transportation of samples of presumptive TB cases by ASHA and testing in a nearest TDC	June 2022
	Monitoring at PHI and block level	June 2022
Routine Active Case finding campaign	Screening of whole population on door-to-door basis, atleast 2 rounds in a year	July 2022 and November 2022
	Recording and reporting in a customized TB Mukt Himachal Abhiyan ACF app	July 2022 and November 2022

B. TB notification from public and private sector

Status	2015 Baseline	2019	2020	2021
	211	235	174	198

Strategy 1: Enhancing TB notification in public sector

Activity	Sub activities	Timeline
Offering upfront NAAT to key population for diagnosis of TB and transportation	Testing of EPTB samples, samples of Paediatric patients, PLHIV and other key population directly in NAAT	July 2022
	Strengthening sample collection and transportation mechanism	July 2022
EP sample collection	Identification of PHIs having facilities of EP sample collection and linkage with other PHIs for referral	July 2022
	Orientation of clinical departments in medical colleges for mandatory notification of TB cases	August 2022

Expansion of DMC network in public health institutions	Establishing DMC in each PHI having LT in place	August 2022
Expansion of NAAT network in public health institutions	Establishing atleast 1 NAAT in each health block	August 2023
	Establishing NAAT in high load PHI in a phased manner	August 2023
Expansion of X Ray Units network in PHI	Expansion of X Ray units in PHIs having high patient load	August 2023
	Ensuring functionality of all X Ray units in Government sector	August 2023
	AI Based reading /Telemedicine at all X-ray facility	March 2023
	Outsourcing of X-ray (wherever not available in Govt sector)	March 2023

Strategy 2: Strengthening participation of Private sector for TB notification

Activity	**Sub activities**	**Timeline**
Establishing linkages with private sector for notification	Sample transportation from all Private practioners through community volunteers/PHE staff	July 2022
	Quarterly meeting of Distt teams with leading PPs and Hospital administrators	July 2022
	Mandatory visit by NTEP staff to a PP, atleast once in a month for logistics supply, record management and facilitation of notification	July 2022
Expanding DMC network in private sector	New DMCs will be opened in private sector institutions under partnership schemes	November 2022

Strategy 3: Ensuring quality control in TB diagnostic centres

Activity	**Sub activities**	**Timeline**
Strengthening of EQA activities	Identification of poor performing DMC/nil positivity in each month	May 2022
	Identification of NAAT sites with high errors in each month	May 2022
Strengthening RBRC and OSE activities	Mandatory visit by STLS in each DMC in a month	May 2022
	Mandatory EQA visit by IRL team in each district; atleast once in a year	December 2022

Strategy 4: Surveillance through drug sales

Activity	**Sub-activities**	**Timeline**
TB drugs sale data reporting and TB notification	Orientation meeting with Drug controller authority network about implementation of Drugs and cosmetic act 1945 for Schedule H1 drugs	July 2022
	Orientation of Wholesalers and chemists in maintaining and submission of TB drugs same records	July 2022
	Identification of TB cases for notification by TB staff based upon drug sale data by chemists	July 2022
	App based recording and reporting of TB drug sales data by Chemist	July 2022
	Monitoring at block and district level	July 2022

C. Scale up of TB preventive treatment

Status	**2015 Baseline**	**2019**	**2020**	**2021**
	NA	88% (HHC of age <6 years) **and** PLHIV (46%)	90% (HHC of age <6 years) **and** PLHIV (90%)	74% (HHC of age <5 years) **and** PLHIV (83%)

Strategy 1: Capacity building

Activity	Sub activities	Timeline
Capacity building activities of key staff and other key stakeholders	Orientation trainings of ASHA, Health workers, NTEP staff and MO in PMTPT	August 2022
	Orientation trainings of residents, faculties in medical colleges in PMTPT	August 2022
	CMEs for Private practioners in TPT implementation	Sept 2022

Strategy 2: Saturation of chemoprophylaxis to Children contacts of Index cases

Activity	Sub Activities	Timeline
TPT initiation and completion to children contacts (age <5 years) of index pulmonary cases	Counselling of Index TB case & attendant at the time of initiation of treatment regarding importance of TPT to prevent TB in primary contact	May 2022
	Contact tracing of each Index TB cases from public and private sector	May 2022
	Initiation of chemoprophylaxis to eligible children (age <5 years) and ruling out active TB by MO- PHI	May 2022

Strategy 3: Saturation of chemoprophylaxis to PLHIV

Activity	Sub activities	Timeline
TPT initiation and completion to PLHIV	Clinical examination of PLHIV in ART Centre	May 2022
	Initiation of chemoprophylaxis to eligible PLHIV after ruling out active TB	May 2022

Strategy 4: Expansion of eligible group including children >5 years, adolescents and adult HHC of pulmonary TB patients notified in Nikshay from public and private sector

Activity	Sub activities	Timeline
TPT initiation and completion among children >5 years, adolescents and adult HHC of pulmonary TB patients	Contact tracing of each Index TB cases and updation of PHI contact tracing register	July 2022
	Clinical examination of each contact and testing of symptomatic for active TB as per diagnostic protocol	July 2022
	Initiation of TPT to eligible contacts, among whom active TB is ruled out	July 2022
	Offering TBI testing/ Chest X ray examination to asymptomatic contacts (age >5 years)	July 2022
	Initiation of TPT to eligible contacts, among whom active TB is ruled out	July 2022

Strategy 5: Chemoprophylaxis to other risk groups

Activity	Sub activities	Timeline
TPT initiation and completion to eligible beneficiaries of Other Risk Groups	Block wise line listing of Individuals who are on immunosuppressive therapy, having silicosis, on anti-TNF treatment, on dialysis and preparing for organ or hematologic transplantation	July 2022
	Offering TBI testing/ Chest X ray examination to beneficiaries of Other Risk Groups	July 2022

Treatment adherence and follow up activities	Ensuring treatment adherence and completion of TPT	November 2022
	Follow up for break down and surveillance for 2 years	May 2024

Strategy 6: Effective logistics and Supply chain management for TPT

Activity	Sub activities	Timeline
Ensuring availability of TBI kits and TPT drugs	Ensuring availability of TBI test kits (TST) in all DMCs and selected PHI/Ensuring end to end services of TBI testing	June 2022
	Ensuring uninterrupted supplies of drugs for TPT at each HWC and PHI	June 2022
Recording & reporting and monitoring activities	Data updation in Nikshay module	June 2022
	Monthly performance review of TPT implementation at PHI, Block and Distt level	June 2022

D. Differentiate TB care, treatment adherence and successfully completion of treatment of DS-TB & DR-TB

Status of treatment completion	2015 Baseline	2019	2020	2021
DS-TB	90%	89%	89%	88%
Hr-TB	NA	86%	92%	93%
MDR/RR-TB	43%	75% (shorter regimen) and 69% (conventional regimen	75%	62%
Pre XDR and XDR-TB	NA	55%	67%	72% and 50%

Strategy 1: Implementation of Differential Care Approach

Activities	Sub activities	Timeline
Capacity building of Health care workers at all levels	Sensitization of Health care workers [HCW]	August 2022
Identification of comorbidity/baseline comorbidity assessment	Offering HIV testing, blood sugar examination and exploring tobacco use history of each TB cases	August 2022
Management of comorbidity	Providing ART and CPT to PLHIV-TB coinfected cases and linking to ART Centre, initiating TB-Diabetic comorbid case on ADT and regular follow up and linking tobacco user-TB patient to TCC for tobacco cessation	August 2022
Identification of TB patients having special clinical conditions	Essential base line workup of each TB case with LFT, RFT & CBC examination and Chest X Ray	August 2022
	Treatment initiation of TB patients having special clinical conditions with modified regimen as per baseline test results	August 2022
Identification of TB patients including children having under nutritional and malnutrition	Nutritional assessment of TB patients at baseline	August 2022
	Linkage of SAM children with Nutritional Rehabilitation Centres	August 2022
	Nutritional assessment on periodic basis of each TB case	August 2022

Maintaining clinical records of each TB case	Standardised case sheets/files for recording all baseline investigations, follow up tests, clinical conditions, treatment history, ADR etc. of each TB patients	August 2022
Risk-stratification of TB patients	Capacity building of staff for risk stratification	December 2022
	Facility mapping of each PHIs for differentiated care	December 2022
	Availability of resources/infrastructure in major PHIs (CHC and above) for risk evaluation	December 2022
	Availability of dedicated indoor beds for TB patients in all major hospitals CH onwards	December 2022

Strategy 2: Treatment Adherence

Activity	**Sub activities**	**Timeline**
Pre-treatment home visit	Strengthening mandatory pre-treatment home visit of TB patients by ASHA/HW/CHO for address verification	May 2022
Pre-treatment counselling of patient and family members	Adequate pre-treatment counselling and literacy of patient and family members by each level of HCW about importance of taking complete treatment	May 2022
	Mandatory telephonic calls from 104 helpline call centre/and or DTC to a newly diagnosed TB patients with a focus on counselling	June 2022
Patient centric treatment adherence	Orientation of treatment supporter on importance and ToRs of treatment adherence and record management	June 2022
	Identification of treatment supporter for each patient as per convenience/accessibility/acceptability	June 2022
	Conduction of Patient Provider Meeting at PHI level and ensuring participation of each TB patient atleast once during the entire treatment course	June 2022
	Redressal of psycho-social issues of TB patients, if any during each interaction with health care workers	June 2022
Use of Digital Adherence Technology (DAT)	Use of 99 DOTS, 99 DOTS lite and MERM	June 2022
Care cascade monitoring	Orientation of staff in care cascade monitoring	August 2022
Early identification of ADR and management	Identification of losses at different level in care cascade and initiation of appropriate action	August 2022
	Capacity building of key staff and MO in identification and management of ADR	August 2022
	Mandatory active DSM record management at initiation of each DRTB patient and at each ADR episode	August 2022
	Availability of ancillary drugs for ADR management in each PHI and HWC	August 2022
	Availability of loose Anti TB drugs atleast in Block HQ for modification of regimen due to ADR	August 2022
	Roll out of Nikshay Setu app across the State	August 2022

Strategy 3: TB mortality data analysis

Activity	**Sub activities**	**Timeline**
Verbal autopsy and death audit	Verbal autopsy exercise/interview with family members of deceased by MO-PHI within one month of death	May 2022

	Death audit/data analysis by medical colleges	December 2022

Strategy 4: Post treatment relapse free survival

Activity	Sub activities	Timeline
Undertaking regular and long term follow up	Patient literacy about need of post-treatment follow up	December 2022
	Mandatory post-treatment follow up examination (clinical/ laboratory/radiological) of each TB case at interval of 6 months up to 2 years after completion of TB treatment course	December 2022
	Continued counselling and health education of TB patients regarding staying quit from tobacco and alcohol use, maintaining blood sugar level, and taking nutritious diet	December 2022

E. Reduction of Drug-resistant TB (MDR/RR)

Status	2015 Baseline	2019	2020	2021
	175	326	209	207

Strategy 1: Effective DOTS for DSTB patients on 1st line treatment

Activity	Sub activities	Timeline
Uninterrupted intake of first line treatment by patients	Effective counselling of DSTB patient to take full course of TB drugs	May 2022
	Decentralization of DOTS as per acceptability and accessibility of TB patients	May 2022
	Offering DAT for ensuring effective treatment adherence	May 2022
	Identification and management of comorbidities if any	May 2022
	Early recognition and management of adverse drug reaction	May 2022

Strategy 2: Early diagnosis of DRTB

Activity	Sub activities	Timeline
Upfront NAAT testing for all presumptive TB	Offering upfront NAAT to key population (paediatric age group, EPTB samples and PLHIV)	May 2022
	Offering upfront NAAT testing to presumptive TB cases in 8 tribal blocks in the State	May 2022
	Replacement of smear microscopy for TB diagnosis with NAAT at block level in a phased manner	December 2022

Strategy 3: Universal Drug Sensitivity Testing

Activity	Sub activities	Timeline
Offering UDST facility to all notified TB cases from public and private sector	Strengthening sample collection and transportation mechanism from field to NAAT site and IRL Dharampur	June 2022
	Saturating NAAT testing of all notified Micro confirmed TB cases for ruling out Rif resistance	December 2022
	Saturating 1st LPA testing of Smear positive and MTBC detected cases in IRL Dharampur	December 2022
	Saturating 1st LPA testing and 2nd LPA testing of RR/MDR TB cases in IRL Dharampur	December 2022

Availability of CBNAAT cartridges and TrueNAAT chips in the NAAT sites	Uninterrupted supply of CBNAAT cartridges and TrueNAAT chips in all NAAT sites	December 2022
	Procurement of 10 colour XDR CBNAAT cartridges and upgradation of existing CBNAAT machines	March 2023

Strategy 4: Strengthening CDST services

Activity	Sub activities	Timeline
Early functionalization of CDST laboratories in the State	Functionalization of Liquid culture DST in IRL Dharampur	June 2022
	Functionalization of LPA lab in RPGMC Tanda	August 2022
	Requisite number of Lab staff will be recruited in the CDST laboratories	December 2022
	Functionalization of Liquid culture DST in IGMC Shimla	March 2023
Availability of lab consumables and logistics in CDST labs	Long-term contracts for lab consumables and other proprietary items	March 2023

Strategy 5: Infection Prevention and Control (IPC)

Activity	Sub activities	Timeline
Ensuring AIC mechanism in Health care settings	Display of signages, posters and videos on cough etiquettes and AIC in the hospital	July 2022
	Incorporating TB AIC as a mandatory agenda point in hospital infection control committee	July 2022
	Hands on training of all categories of key staff including the sanitation workers in implementing AIC measures in the hospitals	July 2022
	Fast tracking of presumptive TB cases, TB cases in major PHIs using priority passes	July 2022
	Sustained campaign for promoting cough etiquette amongst patients and in the community	December 2022
	Ensuring sustainability of AIC Complaint facilities in the health care settings	December 2022
	Integrating with KAYAKALP and Quality Assurance Program (Award for Best AIC Compliant facility/ Year)	December 2022
Cough etiquette and sputum disposal	Counselling and health education of patients and family on respiratory hygiene and sputum disposable	December 2022
	Leveraging on covid-appropriate behaviour in the community for TB awareness generation	December 2022
	Distribution of AIC Kit (face mask, spittoon, and phenol)	December 2022

Strategy 6: Ensuring quality of treatment services for DRTB Cases

Activity	Sub activities	Timeline
Decentralization of DRTB services and monitoring of treatment	Scale-up of State-Difficult to treat TB clinic to build capacity of Districts to manage difficult cases	May 2022
	Mandatory DRTB patient's home visit by DRTB Coordinator within one month of treatment initiation	May 2022
	Monthly home visit of DRTB patients by one of HCW (HW/CHO/STS/STLS/DRTBC) for an early detection of ADRs and prevent Loss-to-Follow-Up	May 2022
	Active tracking and follow up of diagnosed DR-TB patients to initiate on treatment within 7 days of diagnosis	June 2022

	Mandatory telephonic follow up of each DRTB patients on a monthly interval throughout the treatment duration by the counsellor of Nodal DRTB Centres	June 2022
	Roll out of 99 DOTS lite and MERM Boxes	July 2022
	Functionalization of all existing Nodal and Distt DRTB Centres with provision of indoor wards dedicated for DRTB patients	August 2022
	Regular meeting of DRTB Centre committee in each centre	August 2022
	Hand Holding and capacity building of District DR-TB centres for initiating newer drug containing regimen	August 2022
	Outsourcing of private labs for pre-treatment evaluation and follow-up tests, as per need	August 2022
	Establishment of Distt DRTB Centre in CH Nurpur, Mission Hospital Manali and AIIMS Bilaspur	December 2022

Strategy 7: TB Preventive Treatment to contacts of DRTB patient

Activity	Sub activities	Timeline
Treatment of TB infection among close contacts of DR-TB patients	TBI testing of close contacts of FQ sensitive MDR/RR-TB patients and R sensitive H mono/poly DR-TB patients	August 2022
	Availability of medicines for TPT among contacts of DRTB patients	August 2022
	Ensuring adherence and treatment completion of TPT and follow-up for 2 years	August 2024

Strategy 8: Surgical interventions for DR-TB care

Activity	Sub activities	Timeline
Engagement of facilities for surgical interventions	Mapping of availability of surgical services for DR-TB in medical colleges in the State/region	August 2022
	Engagement of such facilities for surgical interventions in DR-TB patients	December 2022
	Establish linkages and capacity building for identification of DR-TB patients requiring surgical interventions	December 2022

Strategy 9: Palliative care and pulmonary rehabilitation

Activity	Sub activity	Timeline
Engagement of facilities for palliative care & pulmonary rehabilitation	To engage and to establish linkage for palliative care & pulmonary rehabilitation	December 2022

F. Strategies for community engagement

Strategy 1: Utilization of platforms for raising voices and concern of TB Patients

Activity	Sub activities	Timeline
Patient Provider Meetings	Regular patient provider meetings	June 2022
	Nominal honorarium/travel re-imbursements for patients to attend Patient provider meeting at PHI/Block/Distt HQ	June 2022

State TB forum, District TB forum and Block TB forum	Regular meetings	July 2022
	Mandatory participation of previously treated TB cases/ TB champions in the forum meeting	July 2022
	Raising awareness on TB issues and create enabling environment	July 2022
	Resolution of identified challenges related to TB in the community	July 2022

Strategy 2: Engagement of TB Champions

Activity	Sub activities	Timeline
Awareness among community	Identification of TB Champions in each PHI	December 2022
	Training of TB Champions (on physical/ i-GOT plate form)	December 2022
	Ensuring TB patient's home visit by TB champion (atleast 2 visits in IP and 1 visit in CP)	December 2022
	Utilization of TB champions services in the creating awareness among the communities, psychosocial support of other TB patients, adherence counselling and retrieval of LTFU	December 2022
	Creation of Patient Support group/Network of TB survivors/community influencers/GKS members/PRI members/religious leaders and regular meetings	December 2022
	Honorarium/incentives to TB champions for their services in End TB in Himachal	December 2022
Support to NTEP for facilitating program service delivery to community	Identifying people with symptoms for screening/diagnosis, sputum collection and transport and referral to health facility, linking to treatment, contact tracing and referral for TPT	December 2022

Strategy 3: Community participation for TB mukt Himachal

Activity	Sub activities	Timeline
Engagement of PRI members and mainstreaming Ending TB agenda in Gram Panchayat	Notification of Forum for TB free Gram Panchayat from Block Development Officer	November 2022
	Sensitization of Gram Panchayat Pradhan, Up-Pradhan, and Panchayat Secretary at Block level	December 2022
	Health talk on TB disease, treatment adherence and stigma reduction in the Gram Sabha meeting and establishing linkages for TB diagnostic and treatment services	December 2022
	Engagement of TB Survivors with gram sabha and ensuring social security linkages and priority in welfare schemes	December 2022
	Resolution by Gram Panchayat to roll out 'TB Free Panchayat' campaign	December 2022
	Effective follow-up of PRI Activities	March 2023
Engagement of Mahila mandal of Ending TB in Himachal	Mapping of Mahila Mandal in each health block	December 2022
	Sensitization of Mahila Mandal for their potential role in ending TB, TB symptoms, TB diagnostic & treatment services in the nearest PHIs	December 2022
Engagement of school children	Health literacy about TB in the schools through RBSK teams	August 2022
	Celebration of World TB Day (24 March) in each school	March 2023
	Awareness about TB symptoms in homes by school children	December 2022

Youth Engagement for Ending TB in Himachal	Constitution of **Red Arrow Club** in each college	December 2022
	Sensitization of youths TB symptoms, stigma reduction, TB diagnosis and treatment facilities in Government sector and establishing linkages	March 2023
	Grant of Rs. 5000 per annum to each Red Arrow club for training of peers and IEC activities	March 2023
	Awareness about TB symptoms in their homes and communities, stigma reduction and facilitation of early case detection	March 2023
Engagement of religious leaders, faith-based organizations	Mapping of religious leaders and faith-based organization in each block	December 2022
	Sensitization of religious leaders and faith-based organizations for their potential role in ending TB	January 2023
	Display of IEC related to TB in the religious places	January 2023
	Talk by religious leaders on TB symptoms, stigma reduction, TB diagnosis and treatment facilities in Government sector and establishing linkages	March 2023

G. Multisectoral engagement and CSR activities

Strategy 1: Meaningful engagement and partnership with Key stakeholder departments, institutions, and organisations

Activity	Sub activities	Timeline
Partnership with Labour Union	Linelisting of labour Unions and labour contractors in each Health Block	July 2022
	Orientation of labour unions office bearers on TB symptoms, NTEP and TB Mukt Himachal Abhiyan	August 2022
	Mandatory screening of labours on quarterly basis by HCW in coordination with the labour union's office bearers and labour contractors	December 2022
Partnership with Tribal Development Department	Establishment of NAAT facility in CH Bhabanagar, CHC Pooh and CH Udaipur from Tribal development funds	December 2022
	Inclusion of intervention strategies for TB elimination in Tribal Sub-Plan	December 2022
	Promotion of access to TB care in tribal population through health camps	December 2022
Partnership with District Mineral Funds (District Administration)	Procurement of NAAT machine and LED-FM in each Distt from Distt Mineral Funds and placement in the mines affected sites	December 2022
MoU with Postal Department	Strengthening sample transportation network in terms of coverage	May 2022
	Devising local strategies for reduction of sample transportation time (pick up to delivery at Labs)	August 2022
	Display of IEC material on Ending TB in the post office premises (including branding of NTEP & Postal deptt collaboration)	September 2022
Department of Information Technology	Upgradation of TB mukt Himachal App with added features on Sunday ACF, Indoor screening, and TB drugs sale reporting	July 2022

Partnership with Rural Development Department (RD)	Prioritising nutritional support to TB patients by extending coverage under National Food Security Act, 2013	December 2022
	Prioritise livelihood opportunities for TB affected under Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS)	December 2022
	Vocational training, awareness raising using Self-help groups (SHG) under Deendayal Antyodaya Yojana-National Rural Livelihoods Mission (DAY-NRLM)	December 2022
	Ensure welfare support for TB patients eligible under Awas Yojana	December 2022
Partnership with PRI Department	Prioritisation of TB affected under Gram Swaraj Abhiyan (Pradhan Mantri Ujjwala Yojana, Himachal Grihni Suvidha Yojna Pradhan Mantri Jan Dhan Yojana, Pradhan Mantri Jeevan Jyoti Bima Yojana, Pradhan Mantri Suraksha Bima Yojana)	December 2022
Partnership with Youth Services and Sports	Mapping of NSS and NYK members in each health blocks	November 2022
	Sensitization of NSS and NYK members about TB symptoms, stigma reduction, TB diagnosis and treatment facilities in Government sector and establishing linkages	December 2022
	Awareness about TB symptoms in their homes and communities, stigma reduction and facilitation of early case finding	December 2022
	Advocacy with Department of Youth Affairs and Sports for including TB agenda in the training module of NSS and NYK	December 2022
Partnership with PRI Department	Prioritisation of TB affected under Gram Swaraj Abhiyan (Pradhan Mantri Ujjwala Yojana, Himachal Grihni Suvidha Yojna Pradhan Mantri Jan Dhan Yojana, Pradhan Mantri Jeevan Jyoti Bima Yojana, Pradhan Mantri Suraksha Bima Yojana)	December 2022
Partnership with Youth Services and Sports	Mapping of NSS and NYK members in each health blocks	November 2022
	Sensitization of NSS and NYK members about TB symptoms, stigma reduction, TB diagnosis and treatment facilities in Government sector and establishing linkages	December 2022
	Awareness about TB symptoms in their homes and communities, stigma reduction and facilitation of early case finding	December 2022
	Advocacy with Department of Youth Affairs and Sports for including TB agenda in the training module of NSS and NYK	December 2022
Partnership with Department of Urban Development	Mandatory screening of Sanitation workers of Municipal corporation/council/NAC across the State on quarterly basis	September 2022
	Ensuring welfare support for TB patients under Mukhyamantri Shahri Ajeevika Guarantee Yojna (MMSAGY)	December 2022
	Vocational training, livelihood opportunities and awareness using Self-help network under Deendayal	December 2022

	Antyodaya Yojana-National Urban Livelihood Programme (DAY-NULM)	
	Prioritise TB affected under Pradhan Mantri Awas Yojana - Urban	December 2022
	Support for conducting Active Case-Finding in Slums	December 2022
Partnerships with Banks	Opening of zero balance accounts for TB patient under Pradhan Mantri Jan Dhan Yojana	June 2022
Partnership with Himachal Pradesh State Mental Health Authority	Mapping of Drug De-addition centres in each health blocks	June 2022
	Sensitization of Drug deaddiction centre staff by Health Care worker	July 2022
	Health talk on TB disease, TB symptoms and importance of treatment adherence to drug addicts and linkage of drug de-addiction centre to nearest PHI for services	July 2022
	Mandatory screening of new patient for any symptoms suggestive of TB at the time of admission in Drug Addiction centre by in-house staff	August 2022
	Mandatory quarterly screening in De-addiction centres by Health Care workers	December 2022
MoU with Food, Civil Supply and Public Affairs department	Free ration/subsidized ration to TB patient's family during entire treatment course under National Food Security Act, 2013	December 2022
MoU with HRTC (Transport Deptt)	Subsidized travel vouchers (pre-paid by Health Department) to TB patients for their hospital visits or referral to higher institutions	March 2023
	Display of IEC material on TB on buses and bus stands	December 2022
Partnership with Directorate of WCD under Department of Social Justice & Empowerment	Sensitization of AWW, Supervisors and CDPO about TB symptoms, stigma reduction, TB diagnosis and treatment facilities in Government sector and their potential role in TB mukt Himachal Abhiyan	July 2022
	Establishing linkages among Anganwadi Kendras for early detection of TB and treatment initiation	July 2022
	Advocacy for inclusion TB agenda in the Training modules and awareness activities on hygiene, TB prevention, care, stigma reduction at Anganwadis and for workers/CDPOs/Supervisors	July 2022
	Ensuring all eligible TB patients are provided nutritional support under ICDS	July 2022
	Participation of AWW in ACF campaign and Sunday ACF activities	July 2022
Partnership with Department of Prisons and correctional services	Strengthening DMC services in 4 Jails	June 2022
	Mandatory screening of new inmates at the time of entry in a Jail by the Jail staff	July 2022
	Mandatory quarterly screening of each prisoner by Health Care worker (HCW)	July 2022
	Advocacy for provision of dedicated isolation ward/ provision of IPC measures in the jail, if a PTB case is detected	July 2022
	Health talk on TB disease, TB symptoms and importance of treatment adherence for jail inmates by HCW	July 2022
	Mapping of IMA/API/IAP members in each health blocks	June 2022

Professional bodies (IMA/API/IAP/IAPSM)	CMEs on NTEP at District level/regional level	December 2022
	Facilitating linkages for early diagnosis and treatment of TB cases in private sector	December 2022
Partnership with Directorate Health Safety & Regulation (Food Safety Authority network)	Orientation of food safety authority network about TB, NTEP and Ending TB mission in Himachal Pradesh	December 2022
	Advocacy for ensuring mandatory health check-up including screening for TB of all food handlers (including workers) of Dhaba	December 2022
	Monitoring of mandatory health check-up including screening for TB of all food handlers (including workers) of Dhaba by Food Inspector network	December 2022
Partnership with Hydroelectric Power Projects	Mapping of Hydroelectric power projects in each Distt	December 2022
	Sensitization of Project Directors/top management/ staff of Health unit of the power project about TB disease, NTEP and Ending TB mission of Himachal Pradesh	December 2022
	Exploring CSR support from the power projects for ending TB in the respective Districts	December 2022
	Establishment of linkage for diagnostic and treatment services for TB	December 2022
Partnership with Industry Department	Mapping of Industries (including mines) in each Health Blocks	December 2022
	Sensitization of management of Industries about TB disease, NTEP and Ending TB mission of Himachal Pradesh	December 2022
	Exploring CSR support from Industries for ending TB in the respective Districts	December 2022
	Quarterly screening of mines workers for TB symptoms	December 2022
	Establishment of linkage for diagnostic and treatment services for TB	December 2022
Partnership with State Task Force and Directorate Medical Education	Strengthening TB Diagnostic centres	July 2022
	Regular core committee meetings	December 2022
	Regular State Task Force meetings	December 2022

Strategy 2: TB Free Workplace

Activity	Sub activities	Timeline
Ensuring TB prevention and care at workplace settings	Sensitization of employers/ Head of institutions/Direct supervisors, Unit Incharges	December 2022
	Advocacy for promotion of workplace policy on TB both in government and private workplaces	December 2022
	Development of operational plan for regular screening and Integration routine health check-up and further establishing linkages with diagnostic and treatment services available in the nearest PHI	December 2022
	Creation of an enabling environment for the employees to seek care & support in a stigma free environment	December 2022
	Employment support for TB affected through affirmative action-Advocacy for paid leaves to TB patient during sickness period	December 2022

Strategy 2: CSR support for TB mukt Himachal

Activity	Sub activities	Timeline

Expansion of diagnostic services for TB	Mobile X-ray machines/handheld X rays with AI for screening of presumptive TB cases	December 2022
	Procurement of NAAT machines for deployment in Industry/project affected areas	December 2022
Socio-economic support to TB patients	Providing free ration to most vulnerable TB patients and their families	December 2022
	Adopting poor children of deceased TB patients for their educational expenses	December 2022

H. Interventions to reduce out of pocket expenditure

Status of treatment completion	2015 Baseline	2019	2020	2021
No. of eligible patient given NPY	NA	17028	13571	14529
No. of eligible patient given transport support	NA	NA	NA	NA
No. of eligible patient given tribal support	NA	298	319	373
No. of eligible patient given other support (elaborate)	NA	NA	NA	NA

Strategy 1: Increase in State expenditure to provide investigations/support services at free/subsidized cost

Activity	Sub activities	Timeline
Access to free/subsidized investigations to TB cases/presumptive cases	Facilities of free diagnostics (including X ray) for TB cases	June 2022
	Re-imbursement of CT/MRI costing to presumptive TB/ TB cases as per rates applicable in Government health institutions	June 2022
	Awareness of free diagnostic facilities available to TB patients through billboards and posters	June 2022
Patient support services	Supplementary nutrition (Nutrimix) to all DRTB patients	May 2022
	Saturation of NPY DBT to 100%	December 2022
	Saturation of Tribal area benefits to eligible beneficiaries	December 2022
	Increase of financial incentive from existing Rs 1500/ month to Rs 2500/month to DRTB patients	March 2023
Linking of TB patients with AYUSHMAN BHARAT & HIM CARE HEALTH SCHEME	Provision of indoor treatment facility services including surgical interventions to TB patients	December 2022

Strategy 2: Expanding diagnostic facilities and improving health coverage

Activity	Sub activities	Timeline
	Strengthening Sputum collection and transportation mechanism	August 2022

Improving Point-of-care diagnostic and treatment capacity	Strengthening of PHEs involvement in NTEP and opening of drug stocking points in PHEs and free of cost availability to patients	August 2022
	Management of adverse effects at local level and availability of ancillary drugs	December 2022
Availability of diagnostic and treatment facility nearest to patient	Upgradation of all PHIs for microscopy in a phased manner	March 2023

Strategy 3: Reducing travel cost of TB patients

Activity	Sub activities	Timeline
Re-imbursement of travel of DRTB patients	Free of cost travel to 100% of DRTB patients and his/her one attendant to health institutions for seeking care through HRTC Travel vouchers with support from NTEP funds	March 2023
Re-imbursement of travel of DSTB patients	Exploring possibility of travel vouchers issuance to DSTB from State budget	March 2023

I. ACSM & TB mukt Bharat Abhiyan

Strategy 1: Advocacy

Activity	Sub activities	Timeline
Outreach to different departments for multi-sectoral engagement	Sensitization of Hon'ble MLA on TB Mukt Himachal Abhiyan at State level	May 2022
	State level Inter-departmental meeting on TB held with other key stakeholder departments	May 2022
	Follow up on department-specific activities on regular basis	December 2022
Engagement of private providers on implementing STCI	State level meetings with office bearers of medical associations (IMA, IAP, AYUSH) for integration with NTEP	September 2022
	Display of IEC material on NTEP at private clinics/hospitals/labs	December 2022
	Felicitation of top-performing private practioners	March 2023
	Felicitation of top performing DTOs based upon KPIs/Distt TB score	March 2023
Engagement of TB Ambassador and Advocates to raise act as a public voice for TB elimination in the public domain	One state level TB ambassador (from cinemas/sports/civil society/arts/any other field of prominence) identified and getting on board for TB free Himachal	December 2022
	Identification of TB advocates (technical experts, TB survivors, celebrities, and other influencers) at District level	December 2022
	Conduction of media roundtable with TB advocates and journalists to highlight survivor stories and clear myths and misconceptions	December 2022
Corporates engagement	Linelist of corporates at state-level	June 2022
	Roundtable meeting with corporates at State level for drafting an implementing TB Workplace Policy	August 2022
Leveraging school education structure to engage children	Advocacy with Department of School Education to conduct bi-annual TB awareness activities	December 2022

and youth as advocates for TB awareness	(poetry/jingle/essay competition, IEC poster competition, drawing competition etc.) for students of class 6 to 12	

Strategy 2: Information, Education and Communication

Activity	Sub activities	Timeline
Strengthening of interpersonal communications skills for frontline workers and providers	Rapid baseline assessment on knowledge of frontline workers about TB, status of IEC material in Distt and its usage	August 2022
	Refresher training of frontline workers on IEC on TB/NTEP	August 2022
Utilization of mass and mid-media campaign tools	Preparation of content for print media campaign, TV communication campaign and radio communication campaign and activity conduction	September 2022
	Preparation of content for mid-media (wall painting, banners etc.) dissemination at high-footfall areas and activity conduction	September 2022
	Preparation of content for mid-media dissemination (jingles at public places, street plays etc) and activity conduction	September 2022
Creation and managing social media accounts (Facebook, WhatsApp Business & Twitter)	Creation of social media account for TB mukt Himachal	May 2022
	Drafting and finalization of social media toolkits guides and sharing with district	May 2022
	Posting of 5-6 Tweets/Facebook posts/WhatsApp messages in a week	May 2022
IEC through hoardings	Display of IEC messages on TB Mukt Himachal on major public places	August 2022
IEC through DVD Screens	IEC though DVD screens installed in major Bus stands in the State, Railway Station Shimla, and The Ridge Shimla	August 2022

Strategy 3: Social mobilization

Activity	Sub activities	Timeline
Engagement of PRIs to generate awareness about TB and garner support in TB Mukt Himachal Abhiyan	Development of pocketbooks and training material for sensitization of PRIs at different level	July 2022
	State level sensitization meeting with Chairpersons of Zila Parishad of all districts on TB mukt Himachal	August 2022
	Distt level sensitization meeting with Zila Parishad members on TB mukt Himachal	August 2022
	Block level sensitization meeting with BDC members on TB mukt Himachal	September 2022
	Panchayat level sensitization meeting with Panchayat ward members on TB mukt Himachal	December 2022
World TB Day celebration	Celebration of World TB Day at State, Distt, Block, Medical college, and PHI level	March 2023

STRATEGIC PLAN FRAMEWORK

Objective 1: Reduction of Incidence by 80% from 2015 baseline

STRATEGIES	ACTIVITIES	SUB-ACTIVITIES	TIMELINE
To cut chain of transmission	Early diagnosis and initiation of treatment	Intensified case finding activities in PHI/HWC/AHC/PPs/RHP/ NCD clinics/ICTCs/ESI/ECHS health institutions//ANC Clinics/Drug de-addiction centres/ARSH clinics/SARI-ILI clinics/Nutritional Rehabilitation Centres/Post covid patients	December 2022
		Active case finding campaigns and Sunday ACF	July 2022 and November 2022
		Expansion of NAAT facilities, transition to molecular basis of diagnosis and offering UDST to 100% micro confirmed TB cases	December 2022
		Village wise and Gram Panchayat wise/Municipal body wise analysis of PTER and TB case notification rate	December 2022
Prevention of emergence of TB among Household contacts of Index cases, PLHIV and High-Risk groups	Scale up of TB Preventive Treatment	Strengthening contact tracing activities, screening of contacts and offering testing for TBI	May 2022
		Strengthening TPT to children contacts (of age< 5 years) of index cases and PLHIV	May 2022
		Expansion of TPT to contacts (age > 5 years) and High risk groups	July 2022
		Completion of TPT	December 2022
Air borne infection control (AIC) at health care facilities and high-risk settings	To assess the AIC measures in all the health facilities	Ensure all the measures for AIC like administrative control, environmental and personal Protective measures	June 2022
		Ensure Segregation and screening of indoor patients and fast tracking of chest symptomatic	June 2022

Objective 2: Reduction of mortality due to TB by 90% from 2015 estimates

STRATEGIES	ACTIVITIES	SUB-ACTIVITIES	TIMELINE
Early diagnosis and early initiation of treatment	Awareness of community about TB symptoms and need for early diagnosis of disease	Effective ACSM activities among policy makers, opinion leaders and community	December 2022

	Enhanced diagnostic suspicion among medical officers and paramedical	Orientation training of medical officers & paramedical staff	December 2022
		Monthly performance review at block and district level	December 2022
Risk Assessment & Indoor facility for high-risk patients	Early identification of ADR and management	Pretreatment evaluation of high-risk patients	September 2022
		Provision of tests at no cost to patients to assess risk	September 2022
		Availability of beds & ancillary drugs in the health institutions at CH level and above	September 2022
		Roll out of Nikshay Setu	September 2022
Comorbidity management	Management of TB patients having co-morbidity	100% screening of TB patients for HIV, blood sugar and tobacco screening and ensuring ART and ADT to TB patients having HIV and Diabetes respectively	May 2022
		Supporting TB patients for tobacco cessation with counselling & NRT	July 2022
	Identification of TB patients including children having under nutritional and malnutrition	Nutritional assessment of TB patients at baseline and periodic basis and linking SAM children to NRC	August 2022
	Maintaining clinical records of each TB case	Standardised case sheets/files each TB patients	August 2022

Objective 3: Reducing catastrophic costs due to TB to zero

STRATEGIES	ACTIVITIES	SUB-ACTIVITIES	TIMELINE
Decentralization of Diagnostic & Treatment Services and patient support services	Availability of diagnostic and treatment facility nearest to patient	Strengthening Sputum collection and transportation mechanism	June 2022
		Management of adverse effects at local level	August 2022
		Facilities of free diagnostics including radiological examination	August 2022
		Upgradation of all PHIs for microscopy	December 2022
	Patient support services	Saturation of NPY DBT to 100%	December 2022
		Increase of financial incentive from existing Rs 1500/ month to Rs 2500/month to DRTB patients	March 2023
Reducing expenses on travel	Re-imbursement of travel of DRTB patients	Free of cost travel to 100% of DRTB patients and his/her one attendant	March 2023

	Re-imbursement of travel of DSTB patients	Exploring possibility of subsidised travel vouchers issuance to DSTB from State budget	March 2023

Newer initiatives by Central TB Division, Government of India by 2023

1. Shorter treatment for TB prevention
2. Newer vaccine
3. Cough sound AI powered screening
4. New Skin Test for TB Infection

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TB HAREGA !
HIMACHAL JITEGA !
DESH JITEGA !