

Towards A TB-Free India

September—October 2015



Note from the USAID/India Mission Director Ambassador Jonathan Addleton

Tuberculosis (TB) is silently killing India. An estimated 2.2 million cases are reported annually: of these 220,000 prove fatal. This is the highest number of deaths from TB anywhere in the world. The United States Government, through the U.S. Agency for International Development (USAID), the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH), is working collaboratively with the Government of India (GOI), the private sector and local partners to help India in its fight against TB. At the national level, USAID is supporting the GOI's Call to Action For a TB-Free India – a full-scale campaign to engage healthcare providers, corporate partners, media, celebrities, academia, and patients to end TB in India. This will be achieved by encouraging the adoption and implementation of best practices for the prevention, detection and treatment of TB as well as by raising awareness to reduce the social stigma associated with the disease and empowering communities.



USAID introduced GeneXpert rapid diagnostic testing machines across India. Photo: USAID

In addition, USAID will soon initiate the Tuberculosis Health Action Learning Initiative (THALI), a \$22.5 million program that will complement the Revised National TB Control Program (RNTCP) by engaging municipal governments and private providers to prevent, test, and treat TB in select cities in India. The program will help urban communities by strengthening the capacity of private providers to follow international standards for TB care, diagnosis and treatment and by testing and scaling innovations that improve treatment adherence. For example, USAID is supporting the first national anti-TB drug resistance survey and the first large-scale pilot project to diagnose TB among people living with HIV.

This bimonthly progress update focuses on activities and events supported by the U.S. Government in September and October to end TB in India. We hope that you will find it informative. Together we can achieve a TB-free India!

Turning the Tide Against TB in India

On September 10, U.S. Ambassador to India Richard Verma along with legendary Bollywood actor Amitabh Bachchan and Ratan Tata, the Chairman of Sir Ratan Tata Trusts launched the 'Mumbai Dialogue: For a TB-Free India'. The goal of this event was to engage the corporate sector with Government of India health experts and local health organizations to further strengthen the Call to Action For a TB-Free India.

Focusing on the need for private sector support, Ambassador Verma said, "Over the last 18 years, the U.S. has invested close to \$100 million to prevent and control TB in India, and has helped to treat over 15 million people. However, much more needs to be done to end TB, and the Government cannot do it alone. We need a multi-sectoral approach in which partners, public and private, collaborate to achieve this ambitious yet attainable goal."



U.S. Ambassador to India Richard Verma (center) with actor Amitabh Bachchan (left) and industrialist Ratan Tata launching the Mumbai Dialogue. Photo: U.S. Consulate, Mumbai

Renowned Indian cardiovascular and cardiothoracic surgeon Dr. Naresh Trehan, who participated in the Mumbai Dialogue, has taken the first step to engage India's corporate sector in the fight to eradicate Tuberculosis. On November 20, 2015, Dr. Trehan, will pilot the use of a mobile van fitted with a state-of-the-art chest X-ray machine and other diagnostic tools in five districts of Haryana.

Medical Associations Pledge Support to TB-Free India Campaign



On September 29, more than 30 professional medical associations, representing over 5,000 specialist providers, met to discuss and endorse best practices included in the Government of India's "Standards for TB Care" protocol. Dr. K.K. Aggarwal, National President and Secretary General of the Indian Medical Association, issued a joint statement declaring that doctors from all national medical associations should adhere to a common TB protocol to ensure a TB-free India because private providers are often the first point of contact for people seeking care for TB. Yet some of these providers do not follow the national Standards of Care. The associations jointly pledged their support for a TB-Free India, and are reviewing the request to endorse the Government of India's standards.

Experts, Innovators, Private Sector Join Hands



On October 14, India's leading TB experts, innovators and private health care providers joined USAID at the Hinduja Hospital in Mumbai for a roundtable discussion on innovative solutions to fight this disease. Hinduja Hospital is a leader in TB research and has been recognized by various national and international agencies. Following the meeting, the experts and innovators established new partnerships for TB control to share knowledge and expertise with implementers.

USAID provides support to the National Institute for Research in Tuberculosis at Chennai, Tamil Nadu.

NIH Advances TB Science in India

In partnership with the National Institute of Allergy and Infectious Diseases (NIAID), the Office of AIDS Research/NIH, the Indian Department of Biotechnology and the Indian Council of Medical Research, the National Institutes of Health (NIH) has established *RePORT India* (Regional Prospective Observational Cohort). *RePORT* is a multinational collaborative effort designed to advance TB science in India.

The US and Indian institutions collaborating on this effort include: Johns Hopkins University, BJ Medical College and the National Institute for Research on TB; University of Massachusetts Medical School and the MV Diabetes Research Center; Boston University and the Jawaharlal Institute of Postgraduate Medical Education & Research (JIPMER); University of Washington and Christian Medical College (CMC) Vellore; and the University of Texas, Blue Peter and Lepra Society. Planning is currently underway for the 5th leadership meeting in February, 2016 at CMC, Vellore. This will be an opportunity for the Indian and U.S. sites to discuss their scientific objectives and progress in TB research.

Progress and the future direction of *RePORT India* will be discussed on January 27, 2016 in New Delhi at the 28th meeting of the Indo-U.S. Vaccine Action Program Joint Working Group. Together, with Indian public and private sector collaboration, NIAID/NIH will convene a meeting in early 2016 in Mumbai on the status of TB research globally. Discussions will include the health landscape for vaccines, new drugs and new diagnostics.

NIAID-funded clinical trial sites in India are also preparing to participate in a seminal, international phase three clinical trial to evaluate the effectiveness of the drug Delamanid for the prevention of multi-drug resistant TB (MDR-TB). This is the first clinical trial of its kind and if successful, will have an impact on international guidelines.

Rotary International: Taking up the Call



On September 20, the Rotary India National TB Control Committee met USAID and the International Union Against Tuberculosis and Lung Diseases (The Union) to join the Call to Action for a TB-Free India campaign. The Rotary India National TB Control Committee, established in 2007, has treated thousands of patients in India through its clubs. Collaboration efforts under discussion include state-led campaigns headed by Rotary leaders.

A doctor examining a TB patient. Photo: USAID

CDC Supports Strengthening of Laboratory Capacity in India

CDC is a committed partner working with the Government of India. It has provided technical assistance for TB control efforts since 1997. On September 30, 2015, the CDC awarded \$1,150,000 to the National Institute of Research in Tuberculosis to conduct whole genome sequencing to identify genetic markers of TB resistance. This innovative project will build critical research capacity to better understand how we can best tackle MDR-TB in India. Moreover, it will pave the way to developing improved tests to more rapidly diagnose MDR-TB.

Improved Airborne Infection Control in Mumbai

Healthcare-associated transmission of TB remains a problem in India with monthly news reports of health workers becoming ill with TB. The CDC has been conducting trainings, facility assessments and providing on-site support that has strengthened local capacity to improve airborne infection control and reduced healthcare-associated TB transmission in public health facilities since 2012. To expand on this work, the CDC will work closely with the GOI to develop national trainings for airborne infection control and improve infection control in HIV treatment centers.

Civil Society Organizations Get On-Board



The Ministry of Health and Family Welfare and The International Union Against Tuberculosis and Lung Disease convened participants from 45 civil society organizations working on TB prevention and care. These organizations discussed specific recommendations for how civil society can support the Call to Action by engaging with government, private stakeholders, and patients. The organizations pledged to support efforts for a TB-Free India through collective action on a national, state, and district level.

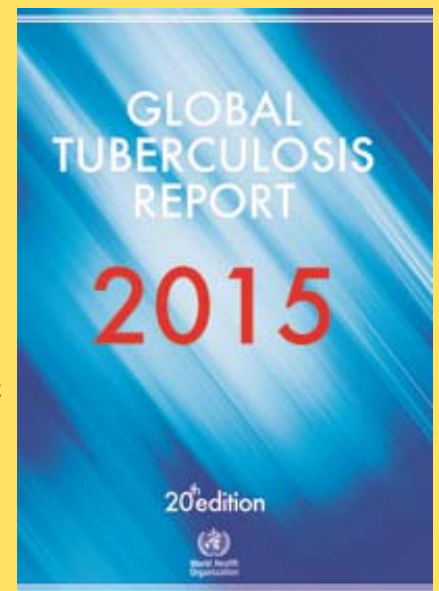
Participants at the Civil Society event. Photo: The Union

Basic Facts about TB

TB is an infectious disease caused by the bacillus *Mycobacterium (M.) tuberculosis*. It typically affects the lungs (pulmonary TB) but can affect other sites in the body. The disease is spread in the air when people who are sick with pulmonary TB expel bacteria, for example by coughing. Overall, a relatively small proportion (5–15%) of the estimated two to three billion people infected with *M. tuberculosis* will develop TB disease during their lifetime. However, the probability of developing TB is much higher among people infected with HIV. Without treatment, the death rate is high. The currently recommended treatment for new cases of drug-susceptible TB is a six-month regimen of four first-line drugs: isoniazid, rifampicin, ethambutol and pyrazinamide. Treatment for multidrug-resistant TB (MDR-TB), defined as resistance to isoniazid and rifampicin (the two most powerful anti-TB drugs) is longer, and requires more expensive and more toxic drugs.

TB IN INDIA

- Estimated 2.2 million new TB cases per year**
- Estimated 220,000 deaths from TB per year**
- Estimated 99,000 multidrug-resistant TB (MDR) cases per year**
- 110,000 TB-HIV cases per year**
- 88% treatment success rate for new patients**
- 50% treatment success rate for MDR-TB patients**



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