

# India

## Community, Rights and Gender Country Profile

WORKING DOCUMENT



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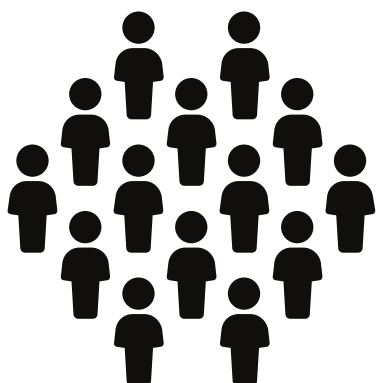


**CRG Interventions**



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# Quick Facts



**1380 million people**

WORKING DOCUMENT



**High TB, TB/HIV and  
MDR/RR-TB Burden  
Country**

# UNHLM Targets



## Resource Needs (2022)

1503.07 million (USD)

## Available TB Funding 2020 (USD)

Domestic: 313.3 million

International (Excluding Global Fund): 19.0 million

Global Fund: 57.9 million

Funding Needs: 496.7 million

## Diagnosis and Treatment Targets (2020)

TB Target: 2,404,900

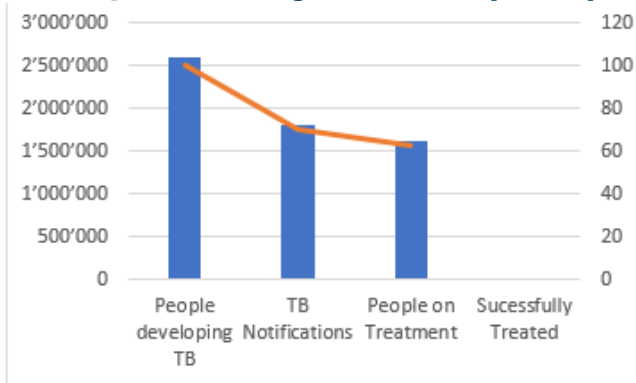
% Target Achieved: 75

# National Strategic Plan and Funding Representation

- Next National Strategic Plan Development: **2025**
- Next Global Fund funding request proposal development: **2023**

# TB Situation

## Epidemiological Data (2020)



Source: Stop TB Country Dashboard  
[https://www.stoptb.org/static\\_pages/MappingTool\\_Main.html](https://www.stoptb.org/static_pages/MappingTool_Main.html)

### Major Gaps in TB Prevention and Care

- 960,699 Missing people with TB (208,461 were children)
- 493,000 people died because of TB
- 49,679 Laboratory confirmed people with MDR/RR-TB (WHO data, 2020)

## Community, Rights and Gender Data

The CRG assessment conducted in 2017/2018 showed the following:

**Accessibility Barriers:** high cost of MDR-TB drugs on patent, out of pocket costs of first-line drugs in private sector, rapid molecular testing high cost to health system and out-of-pocket payment in the private sector. There is only one rapid molecular test machine per district in the public sector and lack of access to sufficient nutrition for the poor.

**Availability Barriers:** there is lack of TB counselling services, poor availability of MDR-TB drugs which partly due to slow regulatory approval, Also there is drug stock-outs of first-line drugs and BCG vaccine and slow roll-out of rapid molecular testing machines.

**Quality issues:** lack of enforcement of bans on serological tests, over the counter sales of TB drugs and lack of regulation of private health sector lead to misdiagnosis and inappropriate treatment.

**Acceptability issues:** people with TB face discrimination in healthcare settings, There is lack of informed consent for TB testing despite TB being a notifiable disease. Insufficient protection for privacy and confidentiality for people with TB in law and policy. There is lack of women HCWs and women-friendly services in TB centers.

**Discrimination issues:** there is large amount of TB discrimination in workplaces. Students in schools and colleges experience TB discrimination. People affected by TB face discrimination at health facilities, including from HCWs. People affected by TB experience family abandonment. Law does not provide workers with TB reasonable accommodation and compassionate allowance. There is no legal prohibition of TB discrimination; some courts have addressed TB discrimination in employment.

**Freedoms:** NTP doesn't provide rules, guidance, etc. for isolation. Also, old colonial laws grant government broad powers to quarantine/isolate infectious diseases. Informed consent for TB test is not required. there is lack of protection for privacy, autonomy and bodily integrity since TB is notifiable disease and positive test results including personal information must be shared with government authorities. There is Insufficient protection for privacy & confidentiality for people with TB in law & policy.

**Gender:** socio-economic inequities, patriarchal structures, poverty, caste and class make women vulnerable to TB. there is a need for disaggregated sex and age case notification data from private sector for better overall epidemic profile. Women face unique socio-cultural barriers to diagnosis and experience diagnosis delays, sometimes no diagnosis at all. Also household duties, low health literacy, TB stigma, fear of divorce or difficulties marrying, financial concerns, patriarchal family norms affects women. Women face additional TB risk at certain life stages due to family caregiver role. Extra-pulmonary TB is often missed in women. Women's infection and treatment compliance risk factors includes malnutrition, diabetes, HIV, indoor air pollution, household duties, TB stigma. Men's infection and treatment compliance risks include smoking, drug and alcohol use, labor migration and work. Trans persons and sex workers require better integration into health system. There is also lack of women HCWs and women-friendly services in TB centers.

## COUNTRY PROFILE INDIA

# Community, Rights and Gender Data

**Key and Vulnerable Populations:** occupational health and safety laws do not cover HCWs, endangering HCWs and fueling stigma and discrimination of people with TB. The 2017 study found 18% of prisons provide diagnosis, 54% provide treatment, 50% screen inmates at entry and 14% isolated people with active TB. Mobile populations are at high risk of TB due to lack of identity documents which hinder access to services. Migration also causes loss to follow-up. Overcrowded living conditions promote TB transmission. Tribal issues including no disaggregation of case notification data for tribal population Despite NTP/NGO service being available, NTP lacks access to some tribal villages, language barriers to TB information and awareness. People living in slums issues include poor population size estimates, treatment without prescription, no contact tracing or pediatric TPT because of discrimination, language barriers to TB information and awareness.

Migrant population issues include poor population size estimates, poor information and ability to track migrants on treatment, fear of stigma prevent engaging public health officials, low knowledge of health facilities; allopathic & healers first contact point. No data on population of TB/diabetes co-morbidity, Recently there was a NTP/NCD programme integration but there is still insufficient cross-references and services. Fear of TB stigma among people with diabetes delays diagnosis and treatment. Miners issues include no district level population estimates, poor coordination between industry and NTP.

**Remedies and Accountability:** Law does not provide workers with TB reasonable accommodation and compassionate allowance. Legal aid should be in place to resolve TB discrimination. Law should establish mechanisms for people with TB to resolve breaches of privacy and confidentiality and to obtain court orders protection. For disease notification, laws should not criminalize failure to notify, but provide training and incentives. Lack of access to MDR-TB drugs should be litigated on grounds of violation of fundamental rights. Lack of recognition of TB as occupational risk requires workers to estimate their risk on a case-by-case basis in courts. Prison officials should be held accountable for custodial TB deaths, neglect of prisoners with TB and lack of infection control leading to TB infection among prisoners.

**Source:** HHR: Health and Human Rights Journal: Building the Evidence for a Rights-Based, People-Centered, Gender-Transformative Tuberculosis Response: An Analysis of the Stop TB Partnership Community, Rights, and Gender Tuberculosis Assessment

# Community Engagement and Representation

Active National Stop TB Partnership

- Yes

National Network of People Affected by TB

- Touched by TB, Survivors against TB, TB Muki Vahini

TB Network/Community represented on CCM

- Yes

National High-Level Engagement with Parliamentarians

- Yes

Celebrities Engagement in TB response

- Yes

Challenge Facility for Civil Society Round 10

- Blossom Trust
- Gramin Samaj Vikas Kendra
- Karnataka Health Promotion Trust
- Prakruthi Social Service Society)
- Resource Group for Education and Advocacy for Community Health (REACH)

CFCS Round 10 Regional Level Partners

- Asia Pacific Council of AIDS Services Organization (APCASO)

Global Network:

- TB People
- Lean on Me Foundation/ TB Women





# Community Rights and Gender



- CRG Assessment Complete ✓
- Costed CRG Action Plan Available ✗
  - No
- TB Stigma Assessment Conducted ✓
  - Yes
- TB Stigma Elimination Plan Available ✓
  - Yes
- Community-led Monitoring Mechanism in place ✗
  - No

# CFCS Round 10 Grantees

## Blossom Trust

- **Global Fund Grant: No**
- Project Location: Virudhunagar, Madurai and Ramanathapuram Districts in the state of Tamil Nadu, India.
- Timeline: December 2021 - December 2022
- Objectives
  - To Develop a guiding policy recommendation document based on multi-level discussions held by stakeholders from the district, state and national levels.
  - To Mitigate the effects of COVID-19 on the National TB response through increased treatment adherence and advocacy within the community.
  - To mobilise TB Advocates promoting a transformative approach through community-led monitoring and advocacy to overcome barriers to services and stigma.

# CFCS Round 10 Grantees

## Gramin Samaj Vikas Kendra

- **Global Fund Grant: No**
- Project Location: Block-Rajpura, District-Meerut, Statrê-Uttar Pradesh, India
- Timeline: December 2021 - December 2022
- Objectives
  - To Build understanding on geographic context, resource availability, populations at risk for Tuberculosis and COVID-19 in Rapura block.
  - Vulnerable population groups including girls and women have increased knowledge, and information of their health rights and entitlements, and TB risk, symptoms, care and treatment management in 50 villages.
  - Improving the access to TB and COVID-19 services among vulnerable population groups in 50 villages.
  - Effective project management, engagement and coordination.

# CFCS Round 10 Grantees

## Karnataka Health Promotion Trust

- **Global Fund Sub Recipient**
- Project Location: Bellary, Belgaum and Bagalkote Districts of Karnataka, India
- Timeline: December 2021 - December 2022
- Objectives
  - To strengthen the TB response with rights-based, people-centred approaches, through community led monitoring forums, among PLHIVs, Mining population and Urban poor.
  - To sensitize and engage the elected representatives of local self-governments (PRI) in TB awareness, stigma reduction and better linkages of service, schemes and supports.
  - To conduct the rapid CRG assessment in the project geographies among the focused vulnerable communities to elicit information on the barriers and inequalities in the community and develop community lead monitoring forums.
  - To participate and engage in various TB advocacy and accountability initiatives at national, regional and global levels.

# CFCS Round 10 Grantees

## Prakruthi Social Service Society

- **Global Fund Grant: No**
- Project Location: Rampachodavaram ITDA area of East Godavari district of Andhra Pradesh, India
- Timeline: January 2022 - January 2023
- Objectives
  - To identify TB CRG members in the project area
  - to sensitize all consented Traditional healers, Pharmacist and RMPs from seven sub districts in Rampachodavaram ITDA area of East Godavari district of Andhra Pradesh, India
  - To ensure referrals, treatment initiation and adherence of all TB confirmed to avert drug resistance cases from seven sub districts in Rampachodavaram ITDA area of East Godavari district of Andhra
  - Media Advocacy
  - Advocacy with district level TB officials

# CFCS Round 10 Grantees

## Resource Group for Education and Advocacy for Community Health (REACH)

- **Global Fund Sub Recipient**
- Project Location: India
- Timeline: January 2022 - January 2023
- Objectives
  - To empower affected communities to adopt a “Data for Action” approach, thereby equipping them to advance the agenda of quality assured person-centered care.
  - To support TB healthcare services and communities to develop greater gender-responsiveness by providing training and tools that help integrate these concepts at every step of the care cascade.

# Questions? Contact us.

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