



India TB Report 2024

For Prelims: India TB Report 2024, [Tuberculosis \(TB\)](#), [Undernourishment](#), [HIV](#), [Diabetes](#), [Multi-Drug Resistant TB](#).

For Mains: India TB Report 2024, Challenges to Eliminating TB, India's Progress in Eliminating TB.

Source: [IE](#)

Why in News?

Recently, the Ministry of Health and Family Welfare released the **India TB Report 2024**, which highlights that the mortality rate due to [Tuberculosis \(TB\)](#) had declined from 28 per lakh population in 2015 to 23 per lakh population in 2022.

What are the Key Highlights of the Report?

▪ Trends in TB Cases and Deaths:

- The majority of the TB cases are still reported by the government health centres, even as there has been an uptick in notifications by the private sector.
 - Nearly 33% or 8.4 lakh of the 25.5 lakh cases reported in 2023 came from the private sector.
 - To compare, only **1.9 lakh cases were reported by the private sector** in 2015, the year considered to be the baseline by the programme that is geared towards the elimination of the disease.
- The estimated incidence of **TB in 2023 increased slightly to 27.8 lakh from the previous year's estimate of 27.4 lakh.**
 - The mortality due to the infection remained **the same at 3.2 lakh.**
- India's **TB mortality dropped** from 4.94 lakhs in 2021 to 3.31 lakhs in 2022.
- India reached its **2023 target of initiating treatment in 95%** of patients diagnosed with the infection.

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TB CASES IN INDIA OVER THE YEARS

| | India TB Report 2020 | 2023 | 2024 |
|-------------------------------|----------------------|-----------|-----------|
| Estimated TB cases | 26.9 lakh | 27.4 lakh | 27.8 lakh |
| Number of cases reported | 24.04 lakh | 24.2 lakh | 25.5 lakh |
| Reporting from private sector | 6.8 lakh | 7.3 lakh | 8.4 lakh |
| % cases from private sector | 28.20% | 30% | 32.90% |
| Estimated mortality | 4.36 lakh | 3.2 lakh | 3.2 lakh |

▪ Challenges in Meeting Targets:

- Despite setting **ambitious goals to eliminate tuberculosis by 2025**, India has faced challenges in meeting these targets.
- The **number of cases and deaths recorded in 2023 fell short** of the targets set by the country.
- There **are various risk factors** that contribute to the incidence and treatment outcomes of tuberculosis.
 - These include [Undernourishment](#), [HIV](#), [Diabetes](#), [Alcohol Use](#), and [smoking](#).
- **Undernourishment:**
 - Nearly **7.44 lakh TB patients were undernourished in 2022**. To improve nutrition, the government provides **monthly support of Rs 500 to nearly one crore beneficiaries**.
 - Other than that, the [Ni-kshay Mitra programme](#) calls for the donation of food baskets.
- **HIV:**
 - **People living with HIV have a 20-times higher risk of developing symptoms of TB** as compared to the normal population. Altogether 94,000 TB patients in 2022 had HIV.
- **Diabetes:**
 - Of the 3.70 lakh TB patients with diabetes globally in 2022, **1.02 lakh were in India as per estimates**.
 - Diabetes escalates the likelihood of contracting **TB two-to-threefold**, which in turn is linked to increased risk of [Multi-Drug Resistant TB](#).
 - The TB treatment also does not work as well in diabetics. **Nearly 92% of TB patients were screened for diabetes in 2023**, with 7.7% being diagnosed with it. And, nearly 63% of those diagnosed initiated diabetes treatment as per the report.
- **Alcohol and Tobacco Use:**
 - A **daily intake of more than 50 ml of alcohol increases the risk of TB** infection, active infection and recurrence of infection.
 - Around 18.8 lakh or **74% of TB patients underwent alcohol use screening**, out of which 7.1% were identified as alcohol users.
 - In 2023, around 19.1 lakh or **75% of TB patients were screened for tobacco use**, of whom 11% were identified as tobacco users.
 - And 32% of these people were linked to tobacco cessation services.

What is Tuberculosis?

▪ About:

- Tuberculosis is a **bacterial infection caused by Mycobacterium tuberculosis**. It can practically affect any organ of the body. The most common ones are the lungs, pleura (lining around the lungs), lymph nodes, intestines, spine, and brain.

▪ Transmission:

- It is an **airborne infection** that spreads through close contact with the infected, especially in densely populated spaces with poor ventilation.

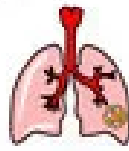
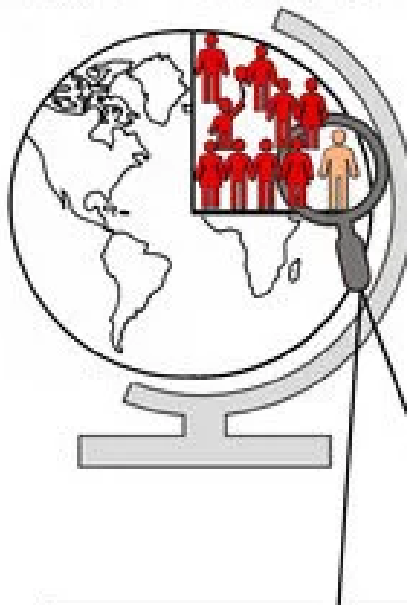
▪ Symptoms:

- Common symptoms of active lung TB are cough with sputum and blood at times, chest pains, weakness, weight loss, fever and night sweats.

▪ Infection Prevalence:

- Every year, 10 million people fall ill with TB. Despite being a preventable and curable disease, **1.5 million people die from TB each year** - making it the world's top infectious killer.
- TB is the **leading cause of death of people with HIV** and also a major contributor to antimicrobial resistance.
- Most of the people who fall ill with TB live in low- and middle-income countries, but TB is present all over the world. **About half of all people with TB can be found in 8 countries:** Bangladesh, China, India, Indonesia, Nigeria, Pakistan, Philippines and South Africa.

Global TB statistics



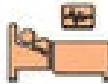
2 billion people harbour a dormant form of *M. tb* infection worldwide



5 – 10% of latently infected individuals are predisposed to developing active TB in their lifespan



HIV co-infection increases the risk of TB reactivation by 18 times



around 10 million people fall ill with TB every year at least since 2000

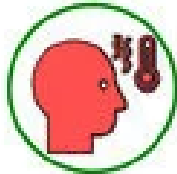


> 1 million people succumb to death from TB every year at least since 2000

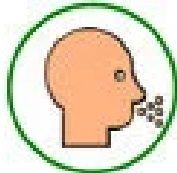
Active TB symptoms



Chest pain



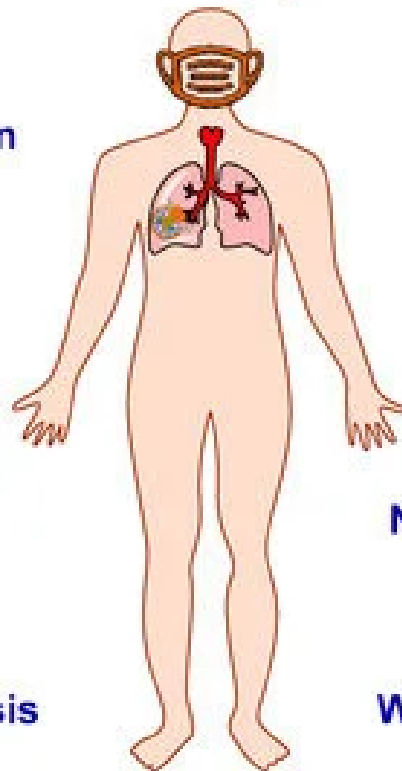
Fever



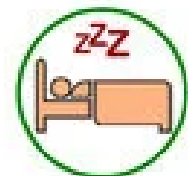
Persistent cough



Hemoptysis



Fatigue



Loss of appetite



Night sweat



Weight loss



• Treatment:

- TB is treated with a standard 6-month course of 4 antimicrobial drugs that are provided with information, supervision and support to the patient by a health worker or trained volunteer.
- **Anti-TB medicines have been used for decades** and strains that are resistant to 1 or more of the medicines have been documented in every country surveyed.
 - **Multidrug-resistant Tuberculosis (MDR-TB)** is a form of TB caused by **bacteria that do not respond to isoniazid and rifampicin**, the 2 most powerful, first-line anti-TB drugs.
 - MDR-TB is treatable and **curable by using second-line drugs** such as

bedaquiline.

- **Extensively drug-resistant TB (XDR-TB)** is a more serious form of MDR-TB caused by bacteria that **do not respond to the most effective second-line anti-TB drugs**, often leaving patients without any further treatment options.

▪ **Drugs for TB:**

- **Isoniazid (INH):** This drug is a cornerstone of TB treatment and is highly effective against **Mycobacterium tuberculosis**.
 - It works by inhibiting the synthesis of mycolic acids in the bacterial cell wall.
- **Rifampicin (RIF):** Another essential drug in **TB treatment**, rifampicin works by inhibiting the synthesis of RNA in the bacteria.
 - It is often used in **combination with other drugs to treat TB** and is crucial for preventing the development of drug resistance.
- **Delamanid:** Delamanid is a newer drug that is used in the treatment of **multidrug-resistant TB (MDR-TB)** and is often **used in combination with other drugs**.

What are Different Initiatives to Combat TB?

▪ **Global Efforts:**

- The [WHO \(World Health Organisation\)](#) has launched a joint initiative “**Find. Treat. All. #EndTB**” with the [Global Fund and Stop TB Partnership](#).
 - WHO also releases the [Global Tuberculosis Report](#).
- **The Global Plan to End TB, 2023-2030:** It is a plan for ending TB as a public health challenge by 2030. It provides a blueprint of priority actions required and a detailed estimate of the financial resources needed to end TB.
 - It is a goal that has been adopted by all Member States of the [United Nations \(UN\)](#) and the WHO.
 - The **End TB Strategy** builds on and significantly expands the scope of efforts in the context of the United Nations [Sustainable Development Goal 3.3](#).

▪ **India's Efforts:**

- [Pradhan Mantri TB Mukh Bharat Abhiyan](#)
- [National Strategic Plan \(NSP\) for Tuberculosis Elimination \(2017-2025\)](#)
- [TB Harega Desh Jeetega Campaign](#)
- [Nikshay Poshan Yojna](#)
- **RePORT India: RePORT India (Regional Prospective Observational Research for Tuberculosis (TB))** is a bilateral, multi-organizational, collaborative effort established in 2013 under the **Indo-US Vaccine Action Program (VAP)**.
 - It aims to address the **threat of TB to the people of India and across the globe**.

Conclusion

- The path to TB elimination in India requires a concerted effort to prioritise person-centred care, address social determinants of health, and embrace innovation. By adopting a holistic and person-centred approach, India can overcome the barriers that stand in the way of TB control and create a healthier future for all its citizens.

Drishti Mains Question:

Q: Analyse the challenges hindering the progress towards eliminating TB in India. In light of the identified challenges propose strategies to overcome the barriers to achieving TB elimination.

Prelims

Q. Which of the following are the objectives of 'National Nutrition Mission'? (2017)

1. To create awareness relating to malnutrition among pregnant women and lactating mothers.
2. To reduce the incidence of anaemia among young children, adolescent girls and women.
3. To promote the consumption of millets, coarse cereals and unpolished rice.
4. To promote the consumption of poultry eggs.

Select the correct answer using the code given below:

- (a) 1 and 2 only
- (b) 1, 2 and 3 only
- (c) 1, 2 and 4 only
- (d) 3 and 4 only

Ans: (a)

Mains

Q. "Besides being a moral imperative of a Welfare State, primary health structure is a necessary precondition for sustainable development." Analyse. (2021)

PDF Refernece URL: <https://www.drishtiias.com/printpdf/india-tb-report-2024>

