



MEMORANDUM OF UNDERSTANDING

**This Memorandum of Understanding (MoU) is signed on
04th day of July, 2019**

Between

Ministry of AYUSH

and

**Central TB Division,
Ministry of Health and Family Welfare
Government of India**

INTRODUCTION

India has the world's highest Tuberculosis (TB) burden with an estimated 28 lakh people contracting the disease and 4.2 lakh people dying from the disease every year. Moreover, there are almost a million missing patients every year in India which are unregistered or undetected, and who need to be brought under the public health system for ensuring quality diagnosis and treatment.

The economic burden of TB in terms of lives, income and workdays is also substantial. TB usually affects most economically productive age group of the society resulting in a substantial loss of working days and pushing the TB patients further into the vortex of poverty. In the absence of welfare support and mounting catastrophic out-of-pocket expenditures therefore result in patients leaving the treatment prematurely. This jeopardizes not only patients' lives but also the health of the community at large. As per the global estimate, reducing TB incidence could generate benefits of \$43 per dollar spent, and therefore it's in the interest of the country to provide quality care to those with or affected by tuberculosis.

TB is not only a disease of concern for medical fraternity but also a social problem. Even though anyone can be affected by TB, the worse hits are the marginalized population who battle poverty, malnutrition, poor hygiene, stigma, loss of wages, poor housing and working conditions etc. Such multi-faceted issues are difficult to tackle beyond the efforts of health sector alone and call for comprehensive solutions by intersectoral convergence and meaningful involvement of non-health sectors. Convergent actions by various Government Ministries are therefore imperative for realization of country's goal of 'Ending TB by 2025'.

Central TB Division (CTD), Ministry of Health and Family Welfare and Ministry of AYUSH are hereinafter referred to together as "the parties".

Article 1

1. CENTRAL TB DIVISION (CTD)

- 1.1 Central TB Division (CTD) under The Ministry of Health & Family Welfare (MoHFW) is the nodal agency for coordinating response with respect to control of tuberculosis in India. It implements Revised National TB Control Program (RNTCP) across the country.
- 1.2 The Ministry of Health & Family Welfare has developed a National Strategic Plan (2017-25) for elimination of TB in the Country by 2025.
- 1.3 Through Inter-ministerial Coordination, MoHFW aims to reach key populations served by various Ministries including various categories of workers, miners, migrants, tribal people, slum dwellers, women, children etc.

Article 2

2. Ministry of AYUSH

- 2.1 Ministry of AYUSH aims to ensure the optimal development and propagation of Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) systems of healthcare and strengthening of their education, services and research.
- 2.2 Large network of National and State institutes, Research organizations, Undergraduate colleges, Postgraduate colleges, hospitals & dispensaries, co-located facilities etc. of AYUSH operates in the country, which is mainly under the purview of Ministry of AYUSH.

Article 3

3. OBJECTIVE

- 3.1** To forge convergence at policy, planning and programme implementation levels across both the Ministries of the Government of India for inter-sectoral and accelerated response towards TB Free India

Article 4

4. SCOPE OF COLLABORATION

- 4.1** The thematic areas for collaboration are listed below –

- a) Development of linkages and integration of TB care services under the health infrastructure and institutional network affiliated with the Ministry of AYUSH;
- b) Awareness generation and sensitization among various communities including AYUSH service providers about RNTCP guidelines, TB diagnosis & treatment and recent policy changes and initiatives;
- c) Orientation and Sensitization of final year Undergraduate students, Interns, Postgraduate students, faculty of AYUSH on TB prevention, diagnostics and treatment through modular lectures and inclusion in the CME programs;
- d) Capacity building of in-service and private AYUSH practitioners through modular trainings and, Continuing Medical Education (CMEs) for early diagnosis of TB, improving referral of patients and their engagement as community DOT providers and involvement in the implementation of Tuberculosis Control Programme.

- e) Jointly plan effective collaboration with professional organizations and associations of AYUSH;
- f) Promote adjuvant use and undertake research collaboration about evidence based AYUSH interventions for TB control and management; and
- g) Facilitate development of TB-Free workplaces by adoption of inclusive workplace policies and best practices at AYUSH institutions, offices, health facilities etc.

4.2 Both the parties shall appoint Nodal Officers for steering the collaboration activities and they will have joint discretion to modify, amend or expand the scope of collaboration and planning & implementation of intended activities.

Article 5

5. EXECUTION OF MEMORANDUM OF UNDERSTANDING

5.1 Both the parties will nominate one Nodal Officer each who will act as a focal point for their respective Ministry. The Nodal Officers will be responsible for –

- a) Finalization of the scope of collaboration between the parties and any subsequent modification, to it;
- b) Development of implementation plan, strategies and indicators;
- c) Facilitation for the effective execution of the implementation plan;
- d) Regular monitoring of the indicators and course correction;
- e) Periodic reporting of outputs and outcomes; and
- f) Any other relevant activity agreed upon by both the parties

- 5.2 The modalities for operationalization of the MoU would be decided in accordance with the recommendations of the Nodal Officers.
- 5.3 Nodal Officers would meet at least bi-monthly for first three meetings, quarterly for subsequent four meetings and bi-annually after that till 2021. The parties can prescribe any modification or extension to the said frequency or period.
- 5.4 The MoU would be effective from the date 04th July, 2019 and any modification to the MoU is to be carried out by written agreement of both the parties.

The parties herein have appended their respective signatures on the day and the year stated below

SIGNED FOR AND ON BEHALF OF -
MINISTRY OF HEALTH AND FAMILY WELFARE



NAME: Shri Vikas Sheel
DESIGNATION: Joint Secretary, MoHFW, GoI
DATE: 04.07.2019

SIGNED FOR AND ON BEHALF OF -
MINISTRY OF AYUSH



NAME: Dr D.C. Katoch
DESIGNATION: Adviser (Ay.), MoAYUSH, GoI
DATE: 04.07.2019