

## **MEMORANDUM OF UNDERSTANDING**

**This Memorandum of Understanding (MoU) is signed on  
08<sup>th</sup> day of October, 2020**

**Between**

**North Eastern Council  
Ministry of Development of North Eastern Region**

**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 medical disease but a social problem. Even though anyone can be affected by TB, the worse hit 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 beyond the efforts of health sector alone and call for comprehensive solutions by 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 Development of North Eastern Region 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 tuberculosis in India. It implements National Tuberculosis Elimination Program (NTEP) 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 such as workers, miners, migrants, tribal population, women and children etc.
- 1.4** TB, and especially Drug-Resistant Tuberculosis (DR-TB) is a serious public health challenge in North Eastern Region of India. Since HIV/AIDS can increase the risk of TB disease, relatively higher incidence of HIV in certain states in this region further aggravates the situation. The difficult geographical terrain and presence of indigenous population in this region add to the complexity of TB service delivery. Therefore, there is a need for a multi-pronged, multi-stakeholder approach in order to reach a large population with information on TB and NTEP services, to establish linkages and referral mechanism for addressing the access barriers to TB services, to engage the private sector and other stakeholders effectively, to build capacity of functionaries and to extend social protection to persons with TB or affected by TB through existing schemes.



## **Article 2**

### **2. NORTH EASTERN COUNCIL (NEC), MINISTRY OF DEVELOPMENT OF NORTH EASTERN REGION**

**2.1** The Ministry of Development of North Eastern Region (M/o DoNER) is a unique Ministry in the Union Government as its activities are regional and more importantly advocating the special needs of the region to the other Ministries/Departments and policy makers. The Ministry of Development of North Eastern Region is responsible for the matters relating to the planning, execution and monitoring of development schemes and projects in the North Eastern Region. Its vision is to accelerate the pace of socio-economic development of the Region so that it may enjoy growth parity with the rest of the country.

**2.2** M/o DoNER coordinates with various Ministries/Departments primarily concerned with development and welfare activities in NER, the respective Ministries/Departments are responsible in respect of subjects allocated to them. M/o DoNER is the only Ministry which has a territorial jurisdiction.

**2.3** The primary role of M/o DoNER is advocacy with Central Ministries/Departments, Planning Commission and the States, the Ministry is addressing the State specific infrastructure gaps of the region. Concerted efforts of the Central and the State Governments are helping in providing a thrust to the process of socio-economic development of the region with properly defined targets, clear outcomes, strategies and coordinated planning for the region.

**2.4** The North Eastern Council constituted as an Advisory body in 1971 by an Act of Parliament (Act No. 84 of 1971) and came to being on 7th November, 1972 at Shillong. The NEC (Amendment) Act, 2002 mandates NEC to function as the Regional Planning Body for the North Eastern Region.





**2.5** The NEC supports development projects in various Sectors across the NE states as per the NEC Guidelines. In the Health Sector, NEC is mandated to look at Tertiary Healthcare (including Health Education).

**2.6** It acts as a facilitator between the Central Ministries/ Departments and the State Governments of the North Eastern Region in the economic development including removal of infrastructural bottlenecks, provision of basic minimum services, creating an environment for private investment and to remove impediments to lasting peace and security in the North Eastern Region.

### **Article 3**

#### **3. OBJECTIVE OF MoU**

**3.1** To forge convergence at policy, programme and implementation levels across the ministries of the Government of India for a multi-sectoral and accelerated response towards TB Free India.

### **Article 4**

#### **4. SCOPE OF COLLABORATION**

**4.1** Linkages to or integration of TB services in the existing health infrastructure / programmes / schemes. Build capacity of functionaries in all departments to address TB prevention and control activities in all the programmes and schemes of respective departments.

**4.2** Targeted TB care interventions for high TB burden areas in North-Eastern Region.



**4.3** Awareness generation and TB infection control measures. Reaching out to the large number of population with information on TB and related services.

**4.4** Expansion of services on TB in existing health infrastructure/ schemes and strengthening its linkages through public private partnership.

**4.5** Extending Socio- economic support to TB patients or persons affected by TB and their family through existing schemes and programmes of the NEC.

**4.6** TB-Free work places(Adoption of inclusive workplace policies and best practices at the Ministry offices/ infrastructure facilities etc.)

**4.7** Reduce social stigma and discrimination with TB patients, persons affected by TB and their families.

The discretion lies with the Nodal Officers from the parties in terms of amendment to or expansion of the scope of collaboration.

## **Article 5**

### **5. KEY DELIVERABLES**

**5.1** Enhanced coordination with State Governments of North Eastern Region (NER) for participation in TB awareness programme.

**5.2** Directive or advisories issued for social protection schemes for TB patients and persons affected by TB and their families.

**5.3** Enhance capacity of policy planners, administrators and programme officials to design and implement TB sensitive policies and schemes.

**5.4** Enhanced involvement of SHGs in reaching out to High Risk Groups in





accessing prevention and testing services through IEC intervention, Multi Media Campaign etc.

**5.5 Sharing of information with Central TB Division.**

**ARTICLE 6**

**6. ROLE OF CENTRAL TB DIVISION**

**6.1** Provide technical assistance to NEC for development of annual work plan for TB related activities.

**6.2** Provide support for implementation of activities under the scope of collaboration.

**6.3** Share Workplace Policy Framework on TB / relevant IEC material/training modules etc. with Ministry of Development of North Eastern Region.

**ARTICLE 7**

**7. Role of North Eastern Council (NEC)**

**7.1 Information Education & Communication**

Coordinate with State Governments for participating in TB awareness, prevention activities in North Eastern Region.

**7.2 Capacity Building**

Coordination with State Government for capacity building of policy planners, administrators and programme officials to design and implement TB Sensitive policies and schemes.



### **7.3 Inclusion of Service**

- Coordinate with State Governments for inclusion of TB detection and diagnostic services in all the planned and existing Public and Private health infrastructures.
- Coordinate with State Government to discourage any incidence of social stigma and discrimination against TB patients and persons affected by TB and their families.

### **7.4 Social Protection and enabling environment**

- Advice states to plan and implement inclusive and exclusive social protection schemes for TB patients and those vulnerable to it.
- Facilitate access to social protection benefits to TB patients and their families under existing social welfare schemes of North East Council.

### **7.5 Sharing of information**

Sharing of information on TB related activities with Central TB Division.

## **Article 8**

### **8. EXECUTION OF MEMORANDUM OF UNDERSTANDING**

**8.1** Parties will set up Joint Working Group for drawing up an action plan for North Eastern Council (NEC).

**8.2** Parties would decide the modalities for execution of the proposal contained in the MoU based on the recommendations of the Joint Working Group.

**8.3** Parties agree to collaborate and work closely for fulfillment of objectives set in the MoU.

**8.4** Both the parties would consult each other and review the progress for implementing objectives of this MoU on quarterly basis.





8.5 This MoU will be operative with effect from the date 08<sup>th</sup> October, 2020 and any alteration / modifications can be carried out with the consent of both parties.

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

SIGNED FOR AND ON BEHALF OF  
CENTRAL TB DIVISION, MINISTRY OF  
HEALTH AND FAMILY WELFARE



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

DATE: 08<sup>th</sup> October, 2020

SIGNED FOR AND ON BEHALF OF  
NORTH EASTERN COUNCIL, MINISTRY  
OF DEVELOPMENT OF NORTH EASTERN  
REGION



NAME: Shri. C.H. Kharshiing  
DESIGNATION: Planning Adviser,  
NEC, MoDONER

DATE: 08<sup>th</sup> October, 2020