



MEMORANDUM OF UNDERSTANDING

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

Between

**Department of Ex-Servicemen Welfare,
Ministry of Defence**

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 Department of Ex-Servicemen Welfare, Ministry of Defence 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 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 Committee, MoHFW aims to reach key populations served by various Ministries such as workers, miners, migrants, tribal population, women and children etc.

Article 2

2. DEPARTMENT OF EX-SERVICEMEN WELFARE, MINISTRY OF DEFENCE

- 2.1** Department of Ex-Servicemen Welfare, Ministry of Defence pays focused attention to the welfare and resettlement of ESM. It is mandated to formulate and implement various policies and programmes for the welfare and resettlement of Ex-Servicemen in the country. The Department consists of two Divisions i.e. (i) Resettlement Division; and (ii) Pension Division. It has 3 Attached offices namely, Kendriya Sainik Board Secretariat (KSB Sectt.), Directorate General of Resettlement,

(DGR) and Central Organisation, Ex-servicemen Contributory Health Scheme (CO, ECHS).

- 2.2** Central Organisation, Ex-Servicemen Contributory Health Scheme takes care of the healthcare and medical needs of Ex-servicemen and their dependents through a network of 426 polyclinics across the country.

Article 3

3. OBJECTIVE

- 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** The thematic areas for collaboration are listed below –
- a) Linkages to or Integration of TB services in the health facilities under the Department of Ex-Servicemen Welfare, Ministry of Defence
 - b) Socio-economic support to TB patients
 - c) Awareness generation and airborne infection control
 - d) TB prevention, control and care at the workplaces under the Department of Ex-Servicemen Welfare, Ministry of Defence
- 4.2** The discretion lies with the Nodal Officers in terms of amendment to or expansion of the scope of collaboration between the parties.

Article 5

5. ROLE OF CENTRAL TB DIVISION

- 5.1** Provide technical assistance to the Department of Ex-Servicemen Welfare, Ministry of Defence for development of annual work plan for TB related activities
- 5.2** Provide technical support for implementation of activities under the scope of collaboration
- 5.3** Provide support for capacity building of medical/ paramedical staff on TB in the health facilities under the Department of Ex-Servicemen Welfare, Ministry of Defence
- 5.4** Share relevant IEC material / training modules with the Department of Ex-Servicemen Welfare, Ministry of Defence
- 5.5** In coordination with the RNTCP, the health facilities under the Department of Ex-Servicemen Welfare, Ministry of Defence can offer or extend public sector TB services to the categories as decided by ECHS.
- 5.6** All services or incentives as per the RNTCP schemes and guidelines will be applicable when RNTCP services are availed for the patients by the Department of Ex-Servicemen Welfare, Ministry of Defence.
- 5.7** RNTCP will provide testing kit, medicines and monitoring support to all persons selected/decided by ECHS. Manpower support will be provided to those Polyclinics having high daily footfall.

- 5.8** A list of RNTCP's diagnostic facilities to be provided to ECHS and a list of polyclinics under ECHS to be shared with CTD.

Article 6

6. EXECUTION OF MEMORANDUM OF UNDERSTANDING

- 6.1** 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, if needed
 - e) Periodic reporting of outputs and outcomes
 - f) Any other relevant activity agreed upon by both the parties
- 6.2** The modalities for operationalization of the MoU would be decided in accordance with the recommendation of the Nodal Officers.
- 6.3** 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.

6.4 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 DEFENCE**



NAME: Major General J V Prasad

DESIGNATION: MD-ECHS, MoD, GoI

DATE: 04.07.2019