



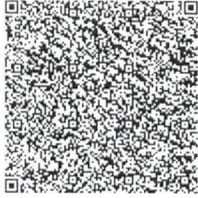
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डॉ. के. एस. सचदेवा / Dr. K. S. SACHDEVA
 उप महानिदेशक (टी. बी.) / Dy. Director General (TB)
 स्वास्थ्य एवं परिवार कल्याण मंत्रालय
 Ministry of Health & F. W.
 भारत सरकार / Govt. of India
 निर्माण भवन, नई दिल्ली / Nirman Bhawan, New Delhi



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सत्यमेव जयते

MEMORANDUM OF UNDERSTANDING

**This Memorandum of Understanding (MoU) is signed on
10 February 2020**

Between

Confederation of Indian Industry (CII)

and

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

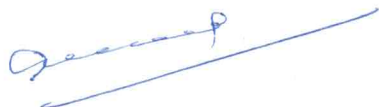
INTRODUCTION

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 Confederation of Indian Industry (CII) are hereinafter referred to together as "the parties".



Article 1

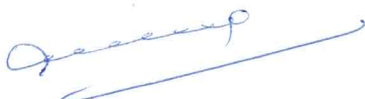
1. CENTRAL TB DIVISION (CTD)

- 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. Confederation of Indian Industry (CII)

- 2.1** The Confederation of Indian Industry (CII), a 124- year old developmental institution works to create and sustain an environment conducive to the development of India, partnering industry, Government, and civil society, through advisory and consultative processes.
- 2.2** CII is a non-government, not-for-profit, industry-led and industry-managed organization, playing a proactive role in India's development



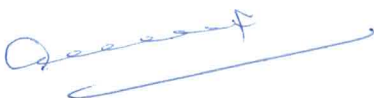
process. India's premier business association has over 9000+ members, from the private as well as public sectors, including SMEs and MNCs, and an indirect membership of over 90,000 enterprises from around 257 national and regional sectoral industry bodies – such a massive reach has been used previously to leverage maximum impact in combatting Public Health Related challenges faced by India.

- 2.3** CII charts change by working closely with Government on policy issues, interfacing with thought leaders, and enhancing efficiency, competitiveness and business opportunities for industry through a range of specialized services and strategic global linkages. It also provides a platform for consensus-building and networking on key issues.

Article 3

3. OBJECTIVE

- 3.1** To forge convergence at policy, planning and programme implementation levels across both CII and Ministry of the Government of India for inter-sectoral and accelerated response towards TB Free India.
- 3.2** To catalyze private sector participation and engagement towards promoting TB Free workplaces.
- 3.3** Facilitate and promote Innovations that can augment evidence data base of TB Prevalence, enable using technology to diagnose, screen and monitor treatment protocols effectively.
- 3.4** Develop referral model and assimilate ecosystems that can enable effective screening and treatment of TB for the work force.



Article 4

4. SCOPE OF COLLABORATION

4.1 The thematic areas for collaboration are listed below –

- a) **Awareness Building/Sensitization of Indian Industry** – it will include awareness building for a diverse cohort that includes employees, employers & medical practitioners and other specialists who are involved in managing and caring for TB.
- b) **Screening** - CII will develop PPP models that address challenges related to local infrastructure and finances and provide referral linkages that can enable timely screening as well as treatments.
- c) **Treatment** - these will include activities that focus more on strategic use of existing workforce, MRs, available at pharmaceutical companies to bridge the gap between standard treatment guidelines by GOI and WHO and private practitioners who are major stakeholders in treating a large pool of patients.

4.2 Both 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 parties will nominate Nodal Officers 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) Periodic reporting of outputs and outcomes; and
- e) 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 may meet at least bi-monthly for first three meetings, quarterly for subsequent four meetings and bi-annually after that till 2022. The parties can prescribe any modification or extension to the said frequency or period.

5.4 The MoU would be effective from the 10 February 2020 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



डॉ. के. एस. सचदेवा / Dr. K. S. SACHDEV
उप महानिदेशक (टी. बी.) / Dy. Director General (TB)
स्वास्थ्य एवं परिवार कल्याण विभाग
Ministry of Health & F. W.
भारत सरकार / Govt. of India
निर्माण भवन, नई दिल्ली / Nirman Bhawan, New Delhi

NAME: Dr K S Sachdeva
DESIGNATION: Deputy Director General(TB),
MoHFW, GoI
DATE:

SIGNED FOR AND ON BEHALF OF -
CONFEDERATION OF INDIAN INDUSTRY
(CII)



NAME: Ms. Neerja Bhattia
DESIGNATION: Executive Director, (CII)
DATE: 10th Feb / 2020