

Bill No. 213 of 2018

**THE TUBERCULOSIS (PREVENTION AND ERADICATION)
BILL, 2018**

By

SHRIMATI SUPRIYA SULE, M.P.

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BILL

to establish a Tuberculosis Prevention Authority for prevention and complete eradication of tuberculosis and for all matters connected therewith and incidental thereto.

WHEREAS India ratified the World Health Organisation Framework Convention on Tobacco Control in 2005,

BE it enacted by Parliament in the Sixty-ninth Year of the Republic of India as follows:—

1. (1) This Act may be called the Tuberculosis (Prevention and Eradication) Act, 2018.

(2) It extends to the whole of India.

(3) It shall come into force on such date, as the Central Government may, by notification
5 in the Official Gazette, appoint.

2. In this Act, unless the context otherwise requires,—

(a) "annual report" means a report giving the details of developmental activities taken up over the year by the Authority and detailing about targets set and achieved;

(b) "appropriate Government" means in the case of a State, the Government of
10 that State and in all other cases, the Central Government.

Short title,
extent and
commencement.

Definitions.

(c) "Authority" means the Tuberculosis Prevention Authority constituted under section 3;

(d) "company" means an entity registered under the Companies Act, 2013; 18 of 2013.

(e) "prescribed" means prescribed by the rules made under this Act;

(f) "tuberculosis" means an infectious disease caused by a bacterium, 5
Mycobacterium Tuberculosis that is spread through the air; and

(g) "society" means an entity registered as society under the Societies 21 of 1860.
Registration Act, 1860.

Constitution
of the
Tuberculosis
Prevention
Authority.

3. (1) With effect from such date as the Central Government may, by notification in the Official Gazette specify, there shall be constituted an Authority to be known as the Tuberculosis Prevention Authority for carrying out the purposes of this Act. 10

(2) The Authority consist of,—

(a) Minister of State, Union Ministry of Health and Family Welfare—Chairperson, *ex officio*;

(b) Minister of State, Union Ministry of Women and Child Development—Vice- 15
Chairperson, *ex officio*;

(c) Director General of Health Services, Union Ministry of Health and Family Welfare—member, *ex-officio*;

(d) Secretaries of the Union Ministries of Women and Child Development, Health 20
and Family Welfare and Statistics and Programme Implementation—members, *ex officio*;

(e) Chairperson, National Commission for Women—member, *ex-officio*; and

(f) Director, National Institute of Health and Family Welfare—member, *ex-officio*.

(2) The Central Government shall appoint such number of officers and staff as it considers necessary for the functioning of the Authority.

(3) The salary, allowances and terms of conditions of services of officers and staff of the authority shall be such, as may be prescribed. 25

Meetings of
the Authority.

4. (1) The Authority shall meet at such times and places and shall observe such rules of procedure in regard to transaction of business at its meetings as may be prescribed by the Central Government.

(2) The expenditure incurred to attend meetings by the Members referred to in 30
sub-clauses (a) to (f) of section 3, shall be borne by their concerned controlling authorities.

Functions of
the Authority.

5. (1) The Authority shall discharge such functions as may be necessary for prevention and eradication of tuberculosis in the country.

(2) Without prejudice to the generality of forgoing provisions, the authority shall,—

(a) formulate a Charter outlining its objectives along with roadmap to eradicate 35
tuberculosis, within one year of its constitution;

(b) disseminate any necessary knowledge and information collected on the control of tuberculosis to the State Governments to be disseminated to tuberculosis Control Centres;

(c) undertake a baseline study to collect comprehensive data about causes of 40
tuberculosis, risk factors and vulnerable population, within one year of setting up of the Authority.

(d) direct the appropriate Government to assist in conducting the baseline study;

- (e) **direct the State Governments to establish Tuberculosis (TB) Control Centres at district level within one year of the commencement of this Act;**
- (f) direct healthcare service providers to follow the standard tuberculosis diagnosis and treatment protocol; and
- 5 (g) undertake such other functions as may be assigned to it, from time to time for carrying out the purposes of this Act.
- 6. (1) The tuberculosis Control Centres shall provide free screening of tuberculosis and cost-free treatment to the patients, until complete recovery from the disease.** Cost-free screening and treatment of tuberculosis.
- 10 **(2) The State Government shall also provide healthcare coupons to patients diagnosed with tuberculosis, which may be redeemed for cost-free treatment at private hospitals.**
- 7. (1) The State Government shall provide for mobile tuberculosis vans for active screening of tuberculosis, especially in remote rural areas.** Mobile tuberculosis vans for active screening.
- 15 **(2) The patient screened tuberculosis positive with the mobile vanas, shall be referred to the nearest tuberculosis Control Centres for follow-up care and treatment with the assistance from the appropriate Government.**
- 8. The State Government shall undertake mobile tuberculosis immunization drive to vaccinate children who were either not vaccinated or underwent incomplete vaccination.** Mobile tuberculosis vaccine immunization drive.
- 9. The State Government shall direct the concerned authorities to undertake air borne infection control in high risk and vulnerable areas.** Air borne infection control in high risk areas.
- 20 **10. The appropriate Government shall provide additional nutritional support to tuberculosis patients at tuberculosis Control Centres, to incentivise patients in increasing their adherence to treatment and reduce drop outs.** Nutritional support to tuberculosis patients.
- 25 **11. The Central Government shall issue notification mandating the registered companies and societies manufacturing and distributing tobacco related products, to contribute five per cent. of their annual sales value for research on new drugs and diagnostic tools for tuberculosis.** Funding research on new drugs and diagnostic tools for tuberculosis.
- 12. The State Government shall provide extensive facilities at the primary health centres and tuberculosis Control Centres for diagnosis and treatment of drug resistant strain of tuberculosis.** Facilities for treating drug resistant strain of tuberculosis.
- 30 **13. (1) The appropriate Government shall undertake outreach activities to communicate to citizens of the factors contributing to tuberculosis, symptoms of tuberculosis and its ill effects, especially in rural areas.** Outreach activities to increase awareness of tuberculosis.
- (2) The nurses and the staff at the tuberculosis Control Centres shall educate the tuberculosis patients on the cough etiquette.
- 35 (3) The appropriate Government shall mobilise the local population in increasing awareness of tuberculosis in citizens.
- 14. The appropriate Government shall provide for tobacco cessation counselling services at all tuberculosis Control Centres.** Tobacco cessation services.
- 40 **15. The appropriate Government shall—**
- (a) undertake outreach and communication activities to increase awareness in women, especially in rural areas, of ill effects of tobacco consumption on their reproductive health and babies; Awareness in women of ill effects of tobacco consumption on reproductive health.

(b) provide for tobacco cessation counselling services at all antenatal clinics and primary health centres; and

(c) increase awareness in rural households about the lethal potential of indoor air pollution from chulhas, and undertake necessary steps to curb the same.

State's budget for tuberculosis control to be indexed so its health and development indicators. 5

16. (1) The Central Government while allocating resources to a State Government for tuberculosis control, shall take into consideration the health and development indicators alongwith the past years spending potential of that State.

(2) The Central Government shall increase the proportion of health sector budget to at least three per cent. of Gross Domestic Product by the year 2020.

Annual report and its laying before the parliament. 10

17. (1) The Authority shall prepare once every year, as may be prescribed, an annual report giving the summary of its activities, including schemes it has undertaken and recommended to the Government over the year and it shall contain statements of annual accounts of the Authority.

(2) A copy of the report shall be forwarded to the Central Government, and the Central Government shall lay the report before each House of Parliament. 15

Central Government to provide funds. 18. **The Central Government, will from time to time provide, after due appropriation made by Parliament by law in this behalf, requisite funds for carrying out the purposes of this Act.**

Power to remove difficulties. 19. If any difficulty arises in giving effect to the provisions of this Act, the Central Governments, in consultation with the State Governments, may make such order or give such direction, not inconsistent with the provisions of this Act, as appears to it to be necessary or expedient for the removal of any difficulty: 20

Provided that no such orders shall be made after the expiry of the period of three years from the date of commencement of this Act.

Power to make rules. 20. (1) The Central Government may, by notification in the Official Gazette, make rules for carrying out the purposes of this Act. 25

(2) Every rule made under this section shall be laid, as soon as may be after it is made, before each Houses of Parliament, while it is in session, for a total period of thirty days which may be comprised in one session or in two or more successive sessions, and if, before the expiry of the session immediately following the session or the successive sessions aforesaid, both Houses agree in making any modification in the rule or both the Houses agree that the rule should not be made, the rule shall thereafter have effect only in such modified form or be of no effect, as the case may be; so, however, that any such modification or annulment shall be without prejudice to the validity of anything previously done under that rule. 30

STATEMENT OF OBJECTS AND REASONS

As per the statistics of World Health Organisation, India accounts for half a million deaths annually due to tuberculosis. The data from the Central Bureau of Health Intelligence also identifies tuberculosis as the leading cause of deaths in the country, accounting for 63,297 deaths in 2015. The Bill provides for free screening and treatment of tuberculosis at tuberculosis Control Centres established at district level in every state. The patients are also provided with an alternative of healthcare coupons that can be redeemed at any private hospital for free tuberculosis related treatment and care. Mobile tuberculosis vans are provided for active screening of tuberculosis in high risk population, especially in rural areas. Tuberculosis positive patients thus screened are referred to the nearest tuberculosis Control Centres for follow-up treatment and care. The Bill directs the State Government to undertake mobile tuberculosis immunization drive to vaccinate children. The Bill also directs the government to undertake air borne infection control activities in areas vulnerable to disease. The Bill aims to reduce drop outs from treatment and increase the patients compliance, through provision of nutritional supplements at tuberculosis Control Centres. To fund research in new drugs and diagnostic tools for tuberculosis, the Bill mandates all private and government companies involved in manufacture and distribution of tobacco related products, to contribute five per cent. of their annual sales value. The Bill also proposes 100% tax on all tobacco and tobacco related products, including smokeless tobacco like ghutka etc. The Bill has provision to mobilise local population to increase outreach to citizens about factors contributing to tuberculosis, symptoms of tuberculosis, cough etiquette. As per the Global Report 2017 of the World Health Organisation, India accounts for 24 per cent. of global cases of multi-drug resistant tuberculosis. The Bill provides for active screening and extensive facilities for treatment of multi-drug resistant strain of tuberculosis at tuberculosis Control Centres.

Tobacco use is one of the main causes of tuberculosis, contributing to 7.9 per cent of tuberculosis related deaths in the country. Research has shown that providing tobacco cessation services to tobacco users, has proved to reduce the disease burden of tuberculosis. Recognising tobacco as a major contributor to tuberculosis, the Bill provides for integration of tobacco cessation counselling services at all tuberculosis Control Centre. As per the World Health Organisation statistics, India is home to second highest number of women smokers globally. According to the National Family Health Survey-3, the proportion of children with low birth weight, is greater among children born to mothers who use tobacco. The Bill also has provision to educate women of the ill effects of tobacco consumption on their reproductive health, provide for tobacco cessation counselling services at all antenatal clinics and primary health centres. The Bill also provides for measures to curb indoor air pollution created by *chulhas* (used in rural areas for cooking purposes).

In 2016-17, health sector budget accounted for a mere 1.5 per cent, of the Gross Domestic Product. The Bill provides for increasing the health budget to at least three per cent. of Gross Domestic Product in next two years. The Bill stipulates that a State's budget for tuberculosis control must be indexed to the respective State's health and development indicators, along with its past years spending profile. The Bill thus champions for the control, prevention and complete eradication of tuberculosis in the country, by mandating free of cost diagnosis and treatment for tuberculosis.

Hence this Bill.

NEW DELHI;
November 22, 2018.

SUPRIYASULE

FINANCIAL MEMORANDUM

Clause 3 of the Bill provides for the constitution of the Tuberculosis Prevention Authority and also appointment of such number of officers and staffs for its functioning. Clause 5 provides for establishment of Tuberculosis Control Centre. Clause 6 provides for free screening and cost-free treatment to the patients. Clause 7 provides for mobile tuberculosis vans for active screening of tuberculosis. Clause 8 provides for mobile tuberculosis immunization drive. Clause 11 provides for funding research on new drugs and diagnostic tools for tuberculosis. Clause 12 provides for facilities for treating drugs resistant strain of tuberculosis. Clause 18 makes it obligatory for the Central Government to provide requisite funds for carrying out the purposes of this Bill. The Bill, therefore, if enacted, will involve recurring expenditure of five hundred crore rupees per annum which shall be charged from the Consolidated Fund of India.

A non-recurring expenditure to the tune of rupees one hundred crore is also likely to be involved.

MEMORANDUM REGARDING DELEGATED LEGISLATION

Clause 20 of the Bill empowers the Central Government to make necessary rules for carrying out the purposes of the Bill. As the rules will relate to matters of details only, the delegation of legislative power is of normal character.

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of tuberculosis and for all matters connected therewith
and incidental thereto.

(Shrimati Supriya Sule, M.P.)

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