



2024 Annual Report



A Year's Overview

Where we are now

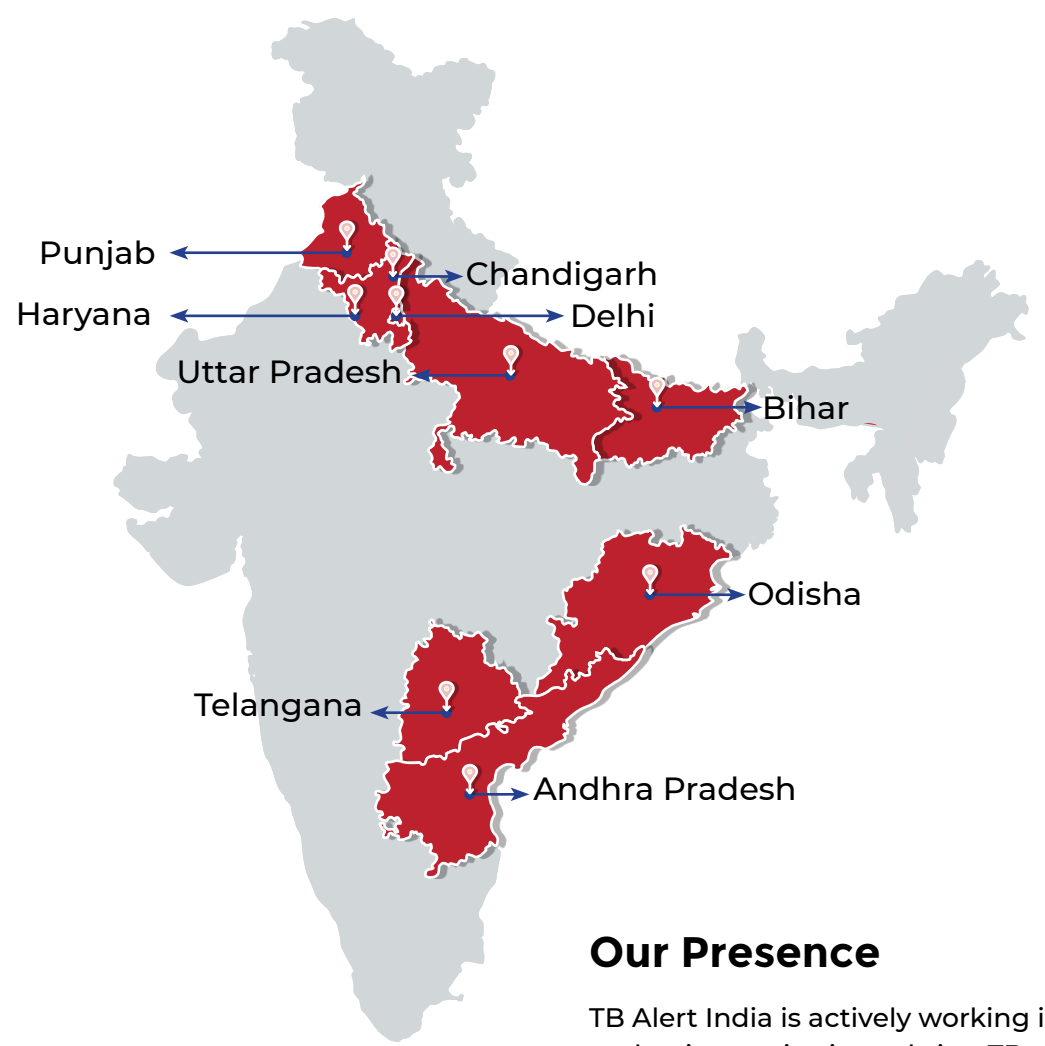
This year, our programmes focused on addressing tuberculosis alongside related health conditions such as diabetes, hypertension, chronic lung diseases, and mental health challenges. Through integrated screenings, counselling, and timely referrals, we ensured that individuals received comprehensive care beyond TB alone. Community engagement, capacity building, and industrial outreach empowered TB Champions, youth volunteers, frontline workers, and local leaders to raise awareness, reduce stigma, and support holistic treatment. By combining medical care with health education and innovative approaches, we strengthened communities' ability to prevent, detect, and manage TB and its comorbidities effectively.



Turning the Tide Against TB

Stories of resilience, innovation, and community action from across India.

WE CURRENTLY OPERATE IN



Our Presence

TB Alert India is actively working in nine states and union territories to bring TB services closer to communities most in need. Our presence ensures that awareness, screening, diagnosis, and treatment support reach people where they live, work, and study.

TB & Comorbidities – The Overlooked Battle

Tuberculosis rarely comes alone. It often strikes the most vulnerable—people already living in poverty, with malnutrition, or with other health conditions. Increasingly, non-communicable diseases (NCDs) such as diabetes, hypertension, chronic lung diseases, and even mental health challenges are complicating TB care. These comorbid conditions significantly influence disease risk, treatment outcomes, and overall survival. Scientific literature and WHO guidance emphasise the need for comprehensive, people-centred models of care that integrate TB management with the prevention and treatment of comorbidities. Such an approach is not only clinically sound but also essential for achieving the goal of ending the TB epidemic.

This edition of our annual report highlights how our programmes are managing comorbidities alongside TB. Through integrated screenings, timely referrals, counselling, and tailored patient support, we extend care beyond TB alone—addressing each individual’s broader health needs, including physical, mental, and social well-being.



Inside Highlights

TB & Diabetes
When two epidemics meet

An icon depicting a human silhouette with lungs highlighted in red. To the right is a circular icon containing a blood sugar meter symbol and the number 108.

TB & Hypertension
The silent pressure on TB care

An icon showing a human silhouette with lungs in red. Next to it is a blood pressure monitor with a cuff and a gauge.

TB & Other Lung Diseases
Breathing life into damaged lungs

An icon featuring a pair of red lungs next to a dark blue silhouette of a person's head in profile.

TB & Mental Health
Breaking stigma, restoring hope

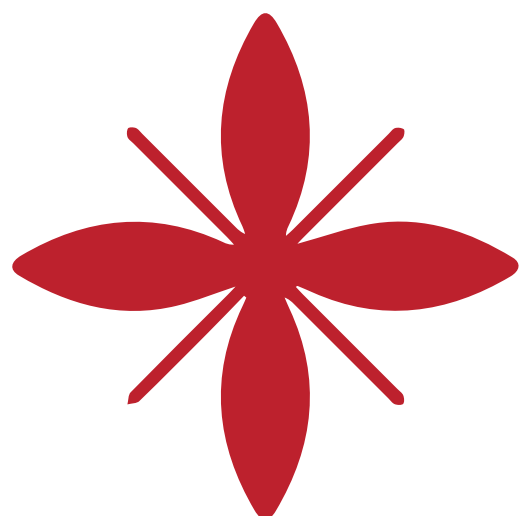
An icon of a human head silhouette with a brain highlighted in red. To the right is a speech bubble containing a red heart.

Training & Capacity Building
Strengthening the backbone of TB response

An icon of a person standing next to a presentation screen that displays a line graph with an upward arrow.

Innovations
AI, champions, and digital advocacy leading the way

An icon showing a person sitting at a desk with a computer. A speech bubble next to them contains the letters 'AI'.



TB and Diabetes – When Two Epidemics Meet

Diabetes significantly increases vulnerability to TB. Evidence from scientific literature shows that people with diabetes are around three times more likely to develop active TB, and they often experience poorer treatment outcomes, including higher risks of relapse and mortality (Jeon & Murray, 2008; Noubiap et al., 2019). This dual burden makes integrated screening and management of TB and diabetes essential for effective care.

As part of our TB care initiatives, we integrated diabetes screening using glucometers into community-based TB camps to address the dual burden of TB and diabetes. This simple yet effective approach enabled the early identification of those at risk and facilitated timely referrals for further evaluation and management, thereby strengthening the continuum of care for both TB and diabetes.

AT A GLANCE – DIABETES SCREENING IN TB CAMPS

31,577

INDIVIDUALS
SCREENED FOR
DIABETES DURING
TB CAMPS



1,822

PEOPLE
CONFIRMED WITH
DIABETES

8,490

IDENTIFIED AS
PRESUMPTIVE
DM CASES



A Journey of Strength and Recovery: Bhagya's Triumph Over Tuberculosis

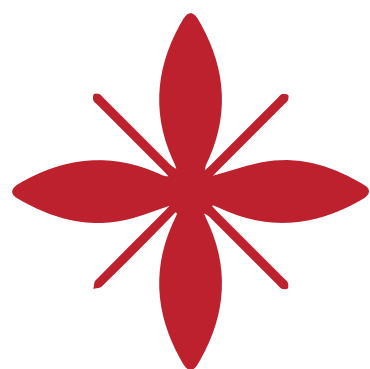
**“I tell every woman—don't ignore diabetes or TB.
Get tested early. It saved my life.” – Bhagya**

Bhagya, a 28-year-old mother from Sarangpur Mandal PHC, Telangana, shared her moving journey during a TB Champion training session, where participants spoke about their experiences of tuberculosis (TB).

She recalled with emotion how she contracted TB during pregnancy—a time already filled with physical and emotional strain. Limited awareness of TB symptoms in her locality, spanning Karimnagar and Jagtial, led to a delay in seeking medical help. Her condition worsened rapidly, resulting in an emergency referral from Sarangpur PHC to Gandhi Hospital.

There, Bhagya was diagnosed with TB and hospitalised for 45 days of intensive care. After discharge, she followed her six-month treatment regimen with unwavering discipline, despite loss of appetite and medication side effects. Her determination and resilience saw her through to full recovery. Today, Bhagya is the proud mother of a healthy two-year-old daughter. At the TB Champion training, she spoke with courage and conviction, vowing to help others by raising awareness about TB and encouraging early diagnosis and treatment.

Her story stands as a powerful reminder of perseverance, timely intervention, and the critical role of community-driven awareness in defeating tuberculosis.

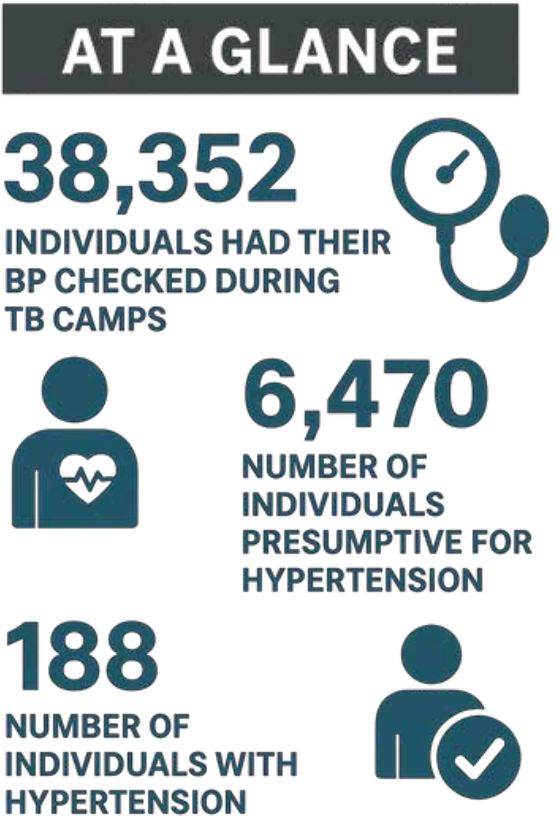


TB and Hypertension – The Silent Pressure

Hypertension is increasingly recognised as an important comorbidity among people affected by tuberculosis in India. Evidence from studies indicates that TB patients are more likely to have hypertension compared to individuals without TB, with nearly one in four patients showing elevated blood pressure levels (Mohan et al., 2015). This finding reflects a broader national trend, where hypertension affects between 22–30% of adults, cutting across both rural and urban populations (Mohammad & Bansod, 2024). The coexistence of TB and hypertension can complicate treatment and increase long-term health risks, underscoring the importance of integrating blood pressure screening and referral services within TB programmes to provide holistic, people-centred care.

As part of our integrated TB care approach, individuals attending community-based TB screening camps and health facility evaluations were also offered blood pressure measurement using digital sphygmomanometers. Screening was conducted by trained frontline health workers

following standard protocols, with repeat measurements taken when initial readings were high to ensure accuracy. Individuals identified with elevated blood pressure were counselled and referred to nearby primary health centres for further evaluation and management. This simple but effective integration of services ensured that hypertension—a silent risk factor often overlooked—was detected early alongside TB.



Life-Saving Care Beyond TB: How Village Health Camps Detect Hidden Risks

“Regular follow-ups and counseling helped me fight TB and take control of my health.” – Ramesh



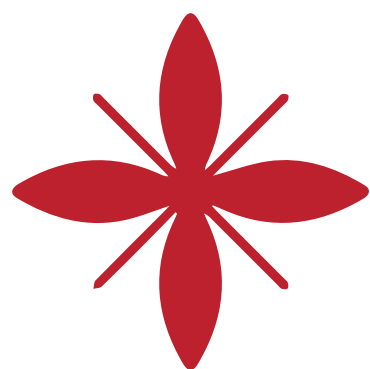
When Ramesh attended an Active Case Finding (ACF) camp in his village in Haryana, he thought it was just another health check-up for his persistent cough. Like many in his community, he believed such camps were only for TB testing. What he didn’t expect was a diagnosis that would change his life.

At the camp, Ramesh was confirmed to have tuberculosis. But the health team went further—routine screening also revealed that he had dangerously high blood pressure, a condition that, left untreated, could have led to serious complications.

“I had no idea. I felt weak but never thought my blood pressure was a problem,” Ramesh recalls. Thanks to the integrated care provided at the camp, he began immediate treatment for both TB and hypertension. Regular follow-ups and counselling helped him complete his TB treatment and manage his blood pressure through medication, diet, and lifestyle changes.

Today, Ramesh is healthier and more confident. At Panchayat meetings, he shares his experience to encourage others not to ignore symptoms and to attend ACF camps—which he now describes as “life-saving” for addressing multiple health issues, not just TB.

His journey is a powerful reminder that integrated healthcare goes beyond diagnosis—it restores hope, improves well-being, and builds community champions who help others take charge of their health.



TB and Other Lung Diseases – Breathing Life Back

Chronic respiratory illnesses such as COPD, asthma, and chronic bronchitis increase an individual's vulnerability to tuberculosis, while TB itself can worsen underlying lung conditions. Scientific literature highlights that people with COPD or asthma are at a higher risk of developing active TB due to compromised lung function and impaired immunity (Byrne et al., 2021). Conversely, TB infection can accelerate the progression of chronic lung disease, leading to more severe symptoms and a heavier treatment burden (Allwood et al., 2019).

To address the dual risk between tuberculosis and chronic respiratory illnesses, we integrated lung health screening into our TB programmes. Individuals attending TB screening camps and health facility evaluations were assessed for coexisting conditions such as COPD, asthma, and chronic bronchitis. Screening included AI-enabled chest X-rays, spirometry, and structured symptom checklists conducted by trained frontline health workers. Those with suspected chronic lung disease were counselled and referred for further evaluation and treatment. By embedding lung disease screening within TB services, we ensured early detection of overlapping conditions and strengthened our capacity to provide comprehensive, people-centred care.

Integrating lung health screening within TB programmes enables early detection and management of coexisting chronic respiratory diseases, improving comprehensive, people-centred care.

TB & Lung Health Screening – At a Glance



36,535
individuals screened
AI-enabled X-ray



3,666
presumptive individuals
for TB identified



Coexisting Conditions
Many individuals also presented with:

- Asthma
- Bronchitis
- COPD

From Cough to Courage: Gurmeet Singh's Journey to Recovery



For years, Gurmeet Singh, a middle-aged shopkeeper from Punjab, lived with chronic bronchitis. Coughing had become routine—something he ignored while running his small corner shop. But when the cough worsened and he began losing weight, he realised something was wrong.

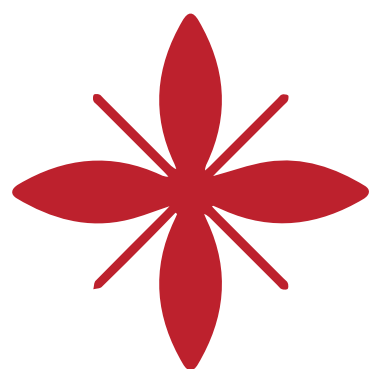
Help arrived when TB Alert India's outreach team visited his area, offering free health check-ups and AI-enabled chest X-ray screenings. Gurmeet decided to get tested—just to be sure. The results revealed early signs of tuberculosis. The diagnosis came as a shock, but it also marked the start of his recovery.

TB Alert India's field workers helped him begin treatment immediately, ensuring he took his medicines regularly and received ongoing counselling. They also guided him on managing both TB and chronic bronchitis, offering support throughout his journey.

Months later, Gurmeet completed his treatment successfully. His energy returned, his cough reduced, and his confidence grew. Today, he uses his shop as a platform for awareness—sharing his experience with customers and urging them not to ignore a persistent cough.

"If I can recover, anyone can," says Gurmeet with a smile. "Just don't wait too long to get tested."

His story is a reminder that timely screening, the right support, and determination can transform fear into recovery—one person, one story at a time.



TB and Mental Health – Healing Beyond the Body

Mental health challenges, particularly depression and anxiety, are increasingly recognised as significant comorbidities among people with tuberculosis. Scientific literature shows that TB patients are at higher risk of developing depressive and anxiety disorders, which can negatively affect treatment adherence and overall recovery (Sweetland et al., 2018; Pachi et al., 2013). Evidence from India has highlighted the high prevalence of depression among people with TB (Panibatla et al., 2023), underscoring the urgent need to integrate psychosocial support within TB services. Stigma, social isolation, and the prolonged duration of treatment further heighten psychological distress. Our programmes therefore include counselling sessions, patient support groups, and the training of frontline health workers to recognise and respond to mental health needs, ensuring that TB care addresses both body and mind.



TB and Mental Health – The Overlooked Connection

-  **37%** of TB patients in India have depression
-  **40–70%** show symptoms of mental disorders (depression, anxiety)
-  **2–3x** higher risk of treatment interruption among depressed patients
-  Mental health care can improve adherence by up to **60%**
-  Stigma & isolation worsen emotional well-being and delay care

SOURCE: WHO



Other Key Milestones

Training & Capacity Building

Our capacity-building initiatives focus on equipping key community, organizational, and influential stakeholders with comprehensive knowledge and practical skills related to TB, diabetes, hypertension, and other lung health conditions.

Youth are trained as change agents to spread awareness, promote healthy practices, and encourage timely care-seeking. Frontline healthcare providers receive integrated training on identifying symptoms, providing counseling, and supporting treatment monitoring across TB, diabetes, hypertension, and lung health issues—resulting in improved patient outcomes.

Women Self-Help Groups are empowered to support affected families, promote treatment adherence, reduce stigma, and encourage routine screening for chronic conditions.

Gram Panchayat officials are oriented on community mobilization to integrate TB and chronic disease activities into local governance. TB Champions and volunteers are trained in advocacy and patient support, while industrial management personnel are equipped to run workplace programs on TB, diabetes, hypertension, and lung health.

Other community influencers and key opinion leaders—such as religious leaders, teachers, business owners, and youth coordinators—are engaged and trained to advocate for awareness, reduce stigma, and promote early care-seeking across all priority health conditions.

Collectively, these comprehensive trainings strengthen community engagement, expand awareness, support early detection, improve treatment outcomes, and promote sustained behavior change across TB and related chronic health challenges.



YOUTH TRAINED
262



**FRONTLINE HEALTH
CARE PROVIDERS**
958



**WOMEN SELF-HELP
GROUP MEMBERS**
529



**MAHILA AROGYA SAMITI
MEMBERS**
114



GRAM PANCHAYAT OFFICIALS
1,215 (IMPACT PROJECT)
284 (CPAT PROJECT)



INDUSTRY ENGAGEMENT
232 Industries (IM4TB Project)
339 Industries Engaged Overall



TB - Free Panchayats

The TB Mukht Panchayat program, part of India's movement to eliminate tuberculosis, promotes TB-free villages through active community engagement. The program monitors 7 key indicators—including identification of presumptive TB like symptoms, treatment initiation and adherence, awareness generation, stigma reduction, and promotion of healthy behaviors—to grant TB Free Village status. We supported this initiative by training Gram Panchayat officials and community volunteers and monitoring these indicators at the village level, enabling communities to apply for TB Free nominations.



**State-wise information on
how many were facilitated
under TB Mukht Panchayat
initiative**

State	TB Free GPs
UP	79
Bihar	9
Punjab	76
Haryana	151
Telangana	44
TB Free GPs	359

Industrial Engagement for TB

Engaging the industrial sector is vital in the fight against TB, as industries bring together large, mobile, and often vulnerable workforces who may face barriers in accessing regular health services due to long working hours, migration, or lack of awareness. Many workers live in densely populated settlements around industrial zones, where conditions such as overcrowding, poor ventilation, and limited healthcare access increase the risk of TB transmission. Workplaces therefore offer a unique and strategic platform to reach thousands of workers directly with TB awareness, screening, and referral services. Industrial engagement also helps reduce stigma, fosters supportive environments for workers to seek timely care, and ensures that health becomes part of workplace welfare and safety priorities.

TB-Free Workplaces Initiative

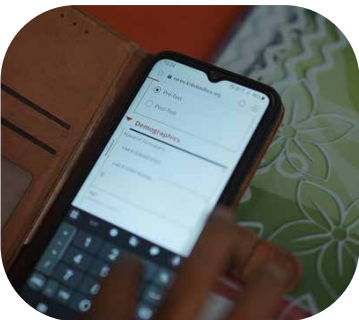
-  **232** industries engaged
-  **332** workers trained as TB Ambassadors
-  **122** TB Action Groups formed
-  **150** industries signed TB pledges for stigma-free workplaces



SPOTLIGHT

TB Alert India continues to strengthen its fight against tuberculosis by engaging communities, building awareness, and driving local leadership in the mission towards a TB-free India. Through its people-centric approach, the organisation has successfully connected healthcare providers, community volunteers, and government systems to ensure that no one is left behind in accessing TB care and support.

Through such stories and collaborative efforts, TB Alert India continues to turn awareness into action, creating resilient communities that are leading the charge against TB.



A total of 201 young volunteers were trained as digital champions to drive TB awareness through social media. By sharing informative posts, personal stories, and campaign messages, they collectively reached over 37,000 people online, amplifying the call for a TB-free India and helping break stigma among youth communities.



Sri Rajarshi Shah, IAS, District Collector of Adilabad, presented an Appreciation Certificate to TB Alert India (Staff) of the Pediatric Care and AI enabled ACF project (TBAI), for his outstanding efforts in community mobilisation and TB awareness. The Collector commended the TBAI team's dedication towards achieving a "TB Mukta Adilabad" and strengthening community-based TB control efforts.



The TB Champions Diary was launched in Telangana by Sri G. Kishan Reddy, Union Minister, Government of India. As part of the 100-day intensive campaign, it was also launched in Chandigarh and Punjab by Dr. Rajesh Rana (STO Chandigarh) and Dr. Rajesh Bhaskar (STO Punjab), celebrating the inspiring journeys of TB survivors turned advocates.

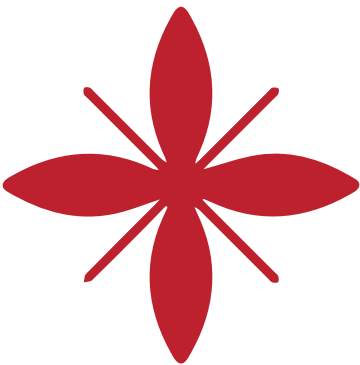
OUR DONORS & PARTNERS

We are grateful for the unwavering support of our donors and partners who make our work possible. Their commitment strengthens our mission, accelerates impact, and enables us to reach the most vulnerable communities with quality services and meaningful change.

Key Donors & Strategic Partners

- The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)
- Stop TB Partnership (Hosted by UNOPS)
- KHPT – Karnataka Health Promotion Trust
- CHAI – Clinton Health Access Initiative
- Johnson & Johnson (J&J)
- PATH
- SAATHII – Solidarity and Action Against the HIV Infection in India
- NALCO – National Aluminium Company Limited
- TB Alliance

Together, these partners play an instrumental role in advancing public health, strengthening community systems, and supporting evidence-based interventions that transform lives.





Help Us to Make India TB Free

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<https://tbalertindia.org/>

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