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Joint Squad for Health for Tuberculosis Elimination: Harnessing Youth-Led Community Mobilization to Accelerate India's Fight Against Tuberculosis

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Abstract

In addition to achieving appropriate treatment and diagnosis, community awareness and the reduction of stigma around the condition contribute significantly to tuberculosis (TB) elimination. India's Joint Squad for Health (JOSH) initiative aims to engage My Bharat volunteers, Class I government officers, and National Cadet Corps students in creating an environment conducive to TB control. This editorial examines the initiative's potential contribution to India's TB elimination efforts and the challenges associated with its implementation.

JOSH aims to facilitate interaction between volunteers and communities to create awareness about TB diagnosis, control, and management, and to reduce stigma associated with the disease. However, its effectiveness in achieving these objectives has not yet been established. The activities undertaken should therefore not be equated with measurable improvements in community awareness or TB-related outcomes.

Evaluation should include baseline and follow-up assessments of TB-related knowledge and stigma, participation in screening, completion of referrals, and linkage to diagnosis and treatment. Changes in treatment outcomes and TB-related mortality may also be explored, although attributing such changes directly to JOSH would require an appropriate evaluation design.

Successful implementation will depend on adequate volunteer training, effective supervision, clear referral pathways, and coordination with local health authorities and healthcare professionals, particularly to reach vulnerable populations. JOSH offers a potential platform for youth-led community engagement in TB control; however, its contribution to India's TB elimination goals will need to be demonstrated through systematic monitoring and evaluation.

Categories: Health Policy, Public Health, Infectious Disease
Keywords: community mobilisation, india, joint squad for health, josh, public health, tb elimination, tuberculosis, youth engagement

Editorial

Community participation is a critical component in strategies to fight tuberculosis (TB). While medication and detection methods are vital, ensuring timely diagnosis, treatment completion, and support for those affected is of paramount importance.

Against this background, India's Ministry of Health and Family Welfare launched the Joint Squad for Health (JOSH) initiative under TB Mukt Bharat Abhiyaan in New Delhi on 8th October 2026. Organized at Bharat Mandapam, the event gathered health, youth, and defence sector representatives. JOSH supports the TB Mukt Bharat goal by mobilizing youngsters to contribute to the TB-free generation. In the first phase, JOSH will operate in 55 districts across 11 states and union territories. Each JOSH team consists of five MY Bharat volunteers and five National Cadet Corps (NCC) cadets, and will be led by a designated Class I officer at the block or ward level. The teams will create awareness in their jurisdiction about TB symptoms, prevention, diagnosis, and treatment [1].

As suggested by its name, JOSH is not merely a health awareness campaign. TB control involves more than health education. The social and community dimensions are equally important. For example, a person experiencing TB symptoms such as a prolonged cough is likely to conceal the illness or hesitate to seek treatment. Others may struggle to access diagnostic services. Stigma, fear, and myths surrounding TB can exacerbate the situation.

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In addition, patients may require social and nutritional support to adhere to the treatment regimen and achieve cure. Community participation can help in multiple ways: creating awareness, ensuring timely diagnosis, and supporting treatment adherence. TB control and elimination, therefore, entail community health workers' engagement in various capacities. They can facilitate screening and ensure patients enroll and remain in care. Moreover, the community can play a pivotal role in post-diagnosis support, including ensuring that patients complete the treatment course.

India has acknowledged community participation's potential in TB control. The National Tuberculosis Elimination Programme (NTEP) advocates for community engagement to promote awareness, reduce TB-related stigma, provide social support to patients and caregivers, and mobilize communities to combat the disease [2].

Government officials have reiterated the need for Jan Bhagidari (people's participation) in TB elimination. While the health sector has the primary responsibility for TB prevention, diagnosis, and treatment, community involvement is critical to ensuring people at risk get the necessary care. Communities can galvanize resources and volunteers to support TB-related activities. Effective community participation can enhance health literacy and catalyse behavioural change among community members. Moreover, it empowers citizens to take ownership of TB prevention and control and utilize available resources for diagnosis, treatment, and patient support [3].

Why youth matter

Involving young people is a distinctive feature of the JOSH initiative. Youth volunteers have a far greater ability to communicate with their age group, family, school, and locality. They can be more effective in creating an informal space for having conversations about TB.

This is especially the case in communities where there are TB-related myths and misunderstandings. In such groups, youth volunteers can dispel rumors and misinformation and encourage symptomatic individuals to seek treatment. As local residents, they are also empowered to address sensitive and taboo-related issues.

Evidence from previous community-based TB interventions supports the potential value of community mobilization, although outcomes vary by intervention and setting. In rural South India, a controlled intervention involving self-help groups improved TB-related knowledge and attitudes and increased community participation in awareness activities and the identification and referral of individuals with presumptive TB. In Haryana, community volunteers providing treatment support achieved treatment success rates comparable to those observed with government health workers (78% versus 77%). More recently, an Indian feasibility study examining the involvement of Nehru Yuva Kendra Sangathan volunteers in community-based TB screening reported favourable stakeholder acceptance, while emphasizing the need for further evaluation of its impact on TB outcomes. Nevertheless, these findings should not be interpreted as direct evidence of the effectiveness of the JOSH initiative. Although JOSH may extend the reach of TB awareness, encourage early care-seeking, and facilitate referral through youth-led engagement, these remain anticipated benefits until systematically evaluated. Baseline and follow-up assessments of TB knowledge and stigma, screening participation, referral completion, and linkage to diagnosis and treatment would help establish its effectiveness and inform future implementation.

The sphere of interaction of volunteers can certainly be expanded, going beyond simply raising awareness of the problem. For instance, they can receive training to identify the symptoms and provide information about diagnostic procedures. Youths can also help patients schedule an appointment with a physician and ensure that they actually attend it. It is worth noting that volunteers should not take on the responsibility of diagnosing the illness since they can only offer their services within the framework of their training. Thus, their main objective is to reduce the stigma associated with TB and identify barriers to care while referring patients to the appropriate medical resources. Volunteers can also play a bigger role in patient recovery by promoting adherence to the treatment regimen. This is exactly how young people can contribute to community outreach and support services in the context of TB control, supplementing the efforts of professional healthcare workers.

The working of JOSH

The working of JOSH is tabulated in Table *1* [4].

JOSH member	Roles and responsibilities
Class I officer	• Lead, motivate, and supervise the TB Mukt Bharat Abhiyaan team of 5 MY Bharat volunteers and 5 National Cadet Corps cadets for achievement of TB Mukt status • Prepare a monthly micro-plan and weekly activity schedule for awareness, mobilization, screening support, follow-up, and reporting • Convene at least one weekly review meeting with team members and frontline functionaries; document and follow up on action points • Coordinate with District TB officer, Block Medical Officer, ANMs, ASHAs, Anganwadi workers • Undertake supportive supervisory field visits at least weekly during campaign periods; resolve local issues and guide the team • Ensure timely documentation of activities - photographs, attendance, visit notes, outputs, and outcomes - maintaining dignity and confidentiality of TB patients • Identify implementation gaps and support needs; escalate issues to the district committee/administration in a timely manner • Liaison with local institutions, resident groups, employers, schools/colleges, and self-help groups to seek their support
MY Bharat volunteers	• Engage with the Abhiyaan as Nikshay Mitra; enroll in ELPs, quizzes, and other MY Bharat portal activities • Participate in awareness activities - rallies, street plays, poster/wall-writing campaigns, verified social media posts • Reinforce Swachhata (cleanliness, no spitting) and Nasha Mukti (no drugs/alcohol/tobacco) messages • Facilitate TB prevention awareness among household contacts and vulnerable groups, promote use of the TB Mukt Bharat app and Khushi Chatbot • Distribute nutrition baskets and support health workers in mobilizing communities for TB case detection
National Cadet Corps cadets	• Engage with the Abhiyaan as Nikshay Mitra • Participate in awareness activities - rallies, street plays, poster/wall-writing campaign, verified social media posts • Reinforce Swachhata and Nasha Mukti messages to prevent spread of TB • Facilitate TB prevention awareness among household contacts and vulnerable group • Promote use of the TB Mukt Bharat app and Khushi Chatbot; distribute nutrition basket to patients • Attend TB screening camps and Ayushman Arogya Shivirs in full ceremonial uniform

TABLE 1: The working of JOSH.

JOSH: Joint Squad for Health; TB: tuberculosis; ELP: experiential learning programmes; ANM: auxiliary nurse midwife; ASHA: accredited social health activist.

Source: Ref [4]: publicly available webinar on "Training on New Features of TB Mukt Bharat App".

The missing link: Measuring impact

The launch of the JOSH teams represents an encouraging development, but whether they prove effective depends on whether they bring about measurable improvements in TB care. While counting the number of awareness sessions delivered, volunteers trained, and households reached provides a useful means of measuring the extent of activities delivered, it cannot confirm that the activities have achieved their intended effect.

The evaluation should therefore focus on whether the interventions have yielded improvements in the uptake of and access to services, such as increased presentations for medical evaluation, uptake of diagnostic tests and time taken for diagnosis, earlier initiation of treatment, treatment adherence and completion of treatment regimens, and the uptake of TB preventive measures among eligible contacts. Evaluations should also include questions relating to how public knowledge, beliefs, and TB-related stigma have evolved as a result of the interventions. If these interventions are to enhance community mobilization for TB control, their positive impact should be reflected in increased access to and improved quality of TB care.

Suggested indicators include the number of volunteers trained, community awareness of TB, participation in TB screening, referrals generated, and linkage to diagnostic and treatment services. Where feasible, outcomes may be compared with baseline measurements or those from similar communities not yet exposed to the initiative. These measures would help assess the initiative’s reach, implementation, and potential contribution to TB control without requiring an elaborate evaluation framework.

Digital technology can play a useful role in monitoring the activities and their effects. At the launch of the JOSH, information, education, and communication materials were provided, and a mobile application called TB Mukt Bharat with a new feature was launched to allow the teams to report real-time developments as they occurred [1]. Programme managers might find this information highly useful in overseeing the activities at the grassroots level and providing any additional support needed. Similarly, the information collected by the teams from their interactions with communities could inform the creation of relevant messages for public-health action. However, while digital technology can provide valuable support, it should be viewed as a means to an end rather than an end in itself. The ultimate aim must always be to intensify efforts to detect TB cases at an earlier stage and ensure that TB patients are provided with timely treatment.

Beyond slogans: Addressing stigma and misinformation

Stigma reduction must be integral to youth-led TB mobilization. In several communities, TB remains shrouded in mystery, fear, and stigma, which may result in delayed diagnosis and non-adherence to therapy, as well as denial of service and isolation of TB patients. India's community engagement strategy acknowledges the importance of reducing stigma in TB control [2].

JOSH teams can encourage open discussion of the illness while alleviating the stigma by reminding people that TB is a curable and preventable disease. At the same time, the volunteers should not fuel the stigma around TB by implying that TB patients are responsible for their condition or that they are a threat to the community. Instead, the focus should be on education about TB -- early detection and treatment, prevention measures, and social support for TB patients and their caregivers.

Moreover, TB survivors/champions can be involved as volunteers too. Survivorship can become a powerful tool in stigma reduction and TB awareness campaigns. It humanizes the disease, making it more tangible and relatable. In addition, involving TB survivors in youth-led initiatives will help them regain confidence and provide a platform for them to contribute to the solution. Together with young volunteers, TB survivors can effectively convey the message of hope to TB patients, encouraging them to seek treatment while supporting the patients throughout their TB treatment and convalescence.

From community mobilization to community ownership

The recognition of 67,933 panchayats across 697 districts as TB Mukt in 2025 is testimony to the emergence of a new paradigm in the global fight against TB, wherein the voices of local communities are increasingly heard [1]. But how do we keep these communities meaningfully engaged even beyond single-issue campaigns?

Perhaps JOSH teams can be leveraged to provide an ongoing presence by working in partnership with existing district and primary health-care services, with coordination between Accredited Social Health Activists, auxiliary nurse midwives, community health officers, TB health visitors, the Panchayati Raj institutions, schools and colleges, as well as local civil-society organizations to keep activities going at grassroots level. Volunteers need to understand not just the information to be disseminated but also the referral system that should be activated for symptomatic individuals (or those identified by their families) who need to be brought in for diagnosis and treatment. Such linkages will be critical for improving detection rates through effective case finding and promoting appropriate, quality-assured care.

At the same time, there is scope for building a 'whole of society' response to TB elimination since there are various socio-economic and behavioural determinants that influence risks, exposures, and outcomes in TB. There is a need to go beyond the health sector and work with other line departments to tackle issues such as malnutrition, insufficient or inappropriate housing, poverty, internal migration, occupational risks, and social determinants. Engaging with youth, health, defence, administrative, educational, and community networks could help overcome some of these barriers and work towards ensuring access to care for vulnerable and hard-to-reach population groups. The community engagement architecture of the NTEP lends itself to such multi-stakeholder partnerships at local levels [2].

The 'TB Mukt' designation should be interpreted in accordance with the specific criteria established under the relevant government programme. Although such recognition may reflect progress in implementing TB control activities and meeting predefined indicators, it should not be equated with epidemiologically verified TB elimination. Demonstrating sustained progress requires robust surveillance data, reliable estimates of TB incidence and mortality, and longitudinal assessment of disease trends. Accordingly, programmatic recognition should be viewed as an indicator of progress rather than definitive evidence of interrupted transmission or elimination.

The importance of sustaining momentum

A rollout across 55 districts allows an evaluation of impact ahead of expansion. Systematic evaluation should begin during the initial phase [1]. Which messages are working? How many and which groups are reached, and how many are being left out? Do volunteers help reduce diagnostic delays? Are people referred through to health services? Does community involvement help to keep patients on treatment?

These questions relate to what matters for eliminating TB: sustaining community involvement rather than short-term awareness campaigns. The World Health Organization's End TB strategy prioritizes people-centred care and prevention, as well as more effective policies and health systems [5]. The needs and experiences of people remain central.

JOSH offers a chance to engage youth in public health, but this will only succeed with adequate training, supervision, referral systems, data collection, safeguarding measures, and evaluation. Volunteers need access to accurate information and a defined area of responsibility. Health services, in turn, need to be equipped to respond to the clients they refer.

TB elimination will not happen without involvement of communities as well as innovation in diagnosis and treatment. Patients need to recognize and respond to symptoms; seek and stick to appropriate diagnosis and treatment; combat stigma; and support each other through the care cascade.

Success of JOSH cannot be measured by numbers of volunteers trained and activities implemented, but by improvements in timeliness of diagnosis and treatment, reduction in stigma, and support to patients to adhere to treatment. Youth involvement is no substitute for responsive health services, but good referral systems can link the two.

Despite its potential, the implementation of JOSH may face several challenges, including inadequate volunteer training, attrition, inconsistent supervision, confidentiality concerns, and weak referral and follow-up mechanisms. The effectiveness of community mobilization will depend not only on volunteers' ability to raise awareness and identify individuals with presumptive TB, but also on the capacity of health services to provide timely diagnosis and treatment. Clear role definitions, structured training, appropriate safeguarding, and coordination with the National Tuberculosis Elimination Programme are therefore essential. Furthermore, the absence of baseline data and standardized outcome indicators could limit the assessment of programme effectiveness. Addressing these risks through sustained institutional support, community engagement, and pragmatic monitoring will be crucial to translating the promise of youth participation into measurable gains in TB prevention and care.

Youth-led mobilization efforts such as JOSH have the potential to become a valuable component of community-based TB control in India. Success will depend on engagement and evidence of effective implementation and contribution to improved health outcomes.

Additional Information

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All authors have reviewed the final version to be published and agreed to be accountable for all aspects of the work.

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