Eradicating TB

What is the issue?

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Becoming the first nation to eradicate TB will be a giant leap and India can serve as a global leader in this regard.

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Why it is important to focus on TB?

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- The Indian government has demonstrated political will to improve the health security of citizens with two bold announcements recently.
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- First, an aggressive resolve to end tuberculosis (TB) by 2025, 10 years ahead of the World Health Organization's (WHO's) goal.
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- Second, a step towards achieving universal healthcare through the Pradhan Mantri Jan Arogya Yojana (PMJAY), touted as the world's largest government-sponsored health insurance scheme.
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- The impact of PMJAY's performance will largely be contained within India, affecting internal politics and economics.
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- But eradicating TB will factor heavily into India's image and influencing power in global health diplomacy networks.
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- TB is air-borne and with approximately 300 TB patients per 100,000 Indians, the very process of breathing puts one at risk of acquiring the disease in lungs, spine, brain or any other organ.
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- India is in a precarious position in the world with the highest TB burden, and hence there are expectations to reduce it before it explodes into a global health crisis.
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What are the concerns with private healthcare in TB eradication?

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- Private healthcare providers are the first contact points for more than half of the Indian population.
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- However, about 50-55% of private practitioners are doctors-by-experience, not degree.
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- This is where the search-and-treat strategy for TB is falling through the cracks.
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- Early symptoms of TB are non-specific, and quite similar to more commonly occurring conditions, such as secondary infections resulting from seasonal flu.
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- This makes private practitioners to rule out other ailments through antibiotic treatment before ordering TB tests.
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- This paved the way for non-specific antibiotic courses which multiply the risk manifold, causing the infection to become antibiotic-resistant.
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- Also, delayed TB diagnosis is the biggest risk factor for transmission.
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- Another widely prevalent behaviour in the private sector is hesitation to notify and refer their TB patients to public health facilities, despite cash incentives.
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- Fear of permanently losing clients and revenue to the public sector is the biggest reason for their non-compliance.
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What are the other such concerns?

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- India’s run up to the 2025 deadline requires TB transmission to decline at the rate of 15-20% annually.
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- The tests and treatment for TB are available for free across all public health centres.
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- Also, patients can claim a nutritional incentive of Rs.500 per month until fully cured.
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- But the current decline rate of TB in India is at a mere 1-2%.
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- Half of the estimated patients are unaware that they have TB.
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- They are also getting unreported in **Nikshay**, which is the government's e-registry for TB.
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- More than a million hidden carriers of active infection live among us, presenting a covert threat.
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- Infected patients infect others in the community while undiagnosed.
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- Hence, TB transmission can't be ended until they are cured.
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What are the measures taken?

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- The government's long-standing Revised National TB Control Programme (RNTCP) has now initiated an active case-finding campaign.
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- This was done in selected population segments, those who are socially, clinically or occupationally more vulnerable than others.
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- These are also the people living or working in shanty towns, prisons, red-light districts and shelter homes, or AIDS patients.
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- The first three phases of this screening identified more than 12,000 new patients who might have remained hidden otherwise.
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- In the rest of the population, the hope is that TB cases will be duly reported and treated.
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- Also, to allay the concerns with the private sector, a new engagement model of public-private partnership is being tested in Mumbai and Patna.
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- Here, private practitioners are encouraged to manage patients themselves, provided they complete e-Nikshay case notification and follow the standard of care treatment protocol.

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- This new model, even though seemingly more effort-intensive, is actually not more expensive on a recurring cost per case basis.
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- However, for cross-country scaling up, the RNTCP budget would have to increase accordingly.
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- The approved budget for 2017-20 is Rs.12,300 crores against the requirement of Rs.16,600 crores.
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- However, additional budget consideration may pose an uncomfortable challenge for the government.
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What should be done?

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- In today's inter-connected world, a nation's health is no longer an internal matter.
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- Outbreaks such as Ebola, Zika and SARS are jolting reminders of a common threat in the form of infectious diseases which transcends boundaries.
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- Accordingly, health has found its way into diplomacy and foreign policy of many countries, evident from the agenda of this year's G8 and G20 summits.
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- Thus, it is unquestionably a fair price to pay for attaining leadership in global health diplomacy.
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- In addition to new provider-focussed strategies, it is time to galvanise the society to drop the fear of stigma, and insist on a TB test, if one's cough persists for weeks.
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- India followed this technique to get rid of polio and the same has to be emulated to eradicate TB.
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- Eradicating polio was an important step and becoming the first nation to eradicate TB will be a giant leap.
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Source: Livemint

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