# Targeted interventions – Ending TB epidemic

## What is the issue?

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There is a need to provide rights-based interventions for TB patients instead of mere surveillance technologies.

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## What are the concerns with technological interventions?

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- Tuberculosis (TB), being a curable and preventable disease, is becoming the leading cause of adult deaths in most of the global south, which kills nearly two million people a year.
- The United Nations recently made a declaration, through which heads of state and government have reaffirmed their commitment to end the global TB epidemic by 2030.
- However, emergence of surveillance technologies has threatened to detract from an effective response to TB that is anchored in human rights and has a human touch.
- For example, Directly Observed Treatment, short course (DOTS) strategy requires patients to report every day to a health authority, who watches them swallow their tablets.
- However, in recent times, governments use a strategy of video, tablets, phones and drones to carry the old DOTS strategy into the technology era.
- India also planned recently to implant microchips in people in order to track them and ensure they complete TB treatment.
- The response through these interventions seems to be not with and for people who have TB but rather against them.

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## What should be the targeted areas?

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- **Providing new treatment** - New guidelines by the WHO recommend the use of bedaquiline and delamanid against drug-resistant TB, which are proved to be effective.
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- However, only about 30,000 people have received these new drugs, though over 500,000 people get sick with drug-resistant TB every year.
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- Exorbitant prices for these drugs is one of the reasons for the exclusion of vast majority of people from accessing it.
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- Thus, International institutions, donors and countries need to focus and collaborate on the urgent production and distribution of affordable generics of bedaquiline and delamanid.
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- **Engaging community health-care workers** – They can lead the response by bringing responsive care to those regions, where the reach of traditional health-care systems is very low.
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- For that, they should be equipped with proper training and dignified conditions of employment.
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- WHO should focus on recommendations around this cadre of workers and donors should focus funding to programmes that make the most of them.
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- **Ensuring accountability** - Community-based structures such as "clinic committees" ensure accountability while also fostering partnership and trust between communities and their health-care systems.
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- Grassroots civil society and community-based organisations also ensure accountability.
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- Such organisations are indispensable and would thrive on comparatively small amounts of funding.
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## What needs to be done?

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- The Indian government has made an aggressive resolve to end tuberculosis (TB) by 2025, 10 years ahead of the WHO's goal.
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- Eliminating TB needs an approach focusing on creating health systems that foster trust, partnership and dignity.
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- Thus, instead of mere surveillance technology, any strategy to eliminate TB should regard people with TB not as subjects to be controlled but as people to be partnered with.
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**Source: The Hindu**

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