

TOGETHER WE CAN



Policy Brief for Parliamentarians

TUBERCULOSIS – Challenges for India



**Centre for
Legislative Research
and Advocacy**

**The International Union
Against Tuberculosis and
Lung Disease (The Union)**



“ TB has been found in the mummies of ancient Egyptians and Andean Indians indicating that it has been in humans for thousands of years ”



Tuberculosis -Indian Scenario

Tuberculosis (TB) is one of the major public health problems in India with a significant impact on the health and economy of the country. India is the highest tuberculosis (TB) burden country in the world, accounting for nearly one-fifth of the global incidence. Annually more than 250,000 people die of TB. This is most unfortunate as TB is a curable disease if treated appropriately and adequately.

In India, the TB control services are organized by the MoHFW through the Revised National Tuberculosis Control Programme (RNTCP). The programme was initiated in 1997 and expanded to cover the entire country by 2006. While the programme has made great strides in reducing the burden of TB there are still a large number of TB patients who are not reached by the programme. TB remains a stigmatized disease due to the mistaken beliefs about its cause, transmission and treatment leading to discrimination against people with TB.

TB is deeply rooted in poverty. Poverty and low socio-economic status as well as social barriers prevent universal access to quality TB prevention, diagnosis, treatment and care.

The International Union Against TB and Lung Disease (The Union) and Centre for Legislative Research and Advocacy (CLRA) seek to highlight some of the relevant TB issues which can influence key policy decisions to limit the menace of the disease and eliminate the sufferings from this completely treatable and curable disease.



Multidrug-resistant tuberculosis (MDR-TB)

Drug-resistant TB is primarily man-made resulting from interrupted, erratic, or inadequate TB therapy. It develops when the highly effective TB treatment is poorly administered or when patients stop taking their medicines before the disease has been fully cured. Multidrug-Resistant TB (MDR-TB) is the resistance to the two most effective first line drugs isoniazid and rifampicin. When these first-line drugs fail, second-line drugs are used for treatment. The cost of these drugs is staggering as much as 1400 times that of regular treatment, with severe side effects and prolonged duration of treatment over 2 years.

HIV co-infection among TB patients

TB is one of the most common opportunistic infections associated with HIV i.e. people with HIV/AIDS are more likely to contract TB. TB is also a major cause of death among patients with HIV.

In India, it is estimated that 2.31 million people are living with HIV infection, which equates to approximately 0.34% of the adult population of the country¹. The disease burden of HIV has the potential to worsen the TB

marginalized, vulnerable and TB/HIV co-infected populations. The Union is one of the Principal Recipients of the project and is implementing the project in 300 districts across 21 states of the country through 9 partners³.

SOCIO ECONOMIC IMPACT OF TB²

- TB primarily affects people in their productive age group.
- Almost 70% of TB patients are aged between 15 and 54 years.
- The disease is more common amongst the poorest and the marginalized sections of the community.
- Whilst two-thirds of cases are male, TB takes a disproportionately larger toll among young females, with more than 50% of cases occurring amongst females less than 34 years of age.
- In addition there is a devastating social cost with an estimate of more than 300,000 children forced to leave school because their parents have TB, and more than 100,000 women with TB rejected by their families.
- On an average, 3-4 months of work-time is lost as a result of TB, resulting in an average potential loss of 20-30% of the annual household income.



situation in the country. In developing economies like India the potential financial burden imposed by TB cases attributable to HIV infection could overwhelm budget and support services.

Project AXSHYA-The Global Fund Round 9 Project

Project Axshya (meaning TB free), funded by The Global Fund, is an initiative which aims to improve access to quality TB care and control through a partnership between government and civil society. It is supporting India's national TB programme to expand its reach, visibility & effectiveness, and engage community based providers to improve TB services, especially for women, children,

Policy Recommendations:

We wish to draw your attention, as the policy makers in the country, to support important policy decisions that will improve TB control, prevent drug resistance and save thousands of lives in India. The following section describes important areas for policy change.

- **Banning of serological tests for TB:** The most reliable test for diagnosis of TB is smear microscopy which is widely used under the RNTCP. However, the private sector does not prefer this simple and reliable test; instead, a number of antibody-based blood tests (serological tests) which are nonspecific are being widely used for diagnosing TB. Patients are therefore often falsely diagnosed based on these

KEY PROJECT ACTIVITIES

STRENGTHEN INDIA'S RNTCP THROUGH ADVOCACY, COMMUNICATION AND SOCIAL MOBILIZATION

- Empower communities to enhance their participation in TB services
- Conduct need-based and gender-sensitive media campaigns
- Facilitate the involvement of all health care providers to increase the reach of TB services and ensure rational use of diagnostics and drugs
- Synergize civil society's TB care and control services through partnerships
- Conduct research and training on ACSM, Public-Private Mix, MDR-TB, TB Epidemiology, Programme Management and Operations Research
- Support and complement RNTCP diagnostic and treatment services to increase access, especially in difficult and hard-to-reach areas
- Strengthen the state and district level ACSM capacity of programme personnel
- Strengthen linkages between TB and HIV services
- Empower affected and vulnerable communities by facilitating platforms for TB care.
- Advocate with policy makers and parliamentarians

unreliable tests and unnecessarily treated for a disease they are not suffering from while incurring unwarranted out of pocket expenditure. It is estimated that over 1.5 million of such unreliable serological tests are performed in India annually primarily by private laboratories. WHO has issued alerts against these tests and while developed countries have banned these tests they continued to be available and used in India⁴. You can raise this issue with the Health Minister and ask for a complete ban on the use of serological tests for diagnosing TB.

• **Promotion of rational use of anti-TB drugs both first line and second line anti TB drugs):**

TB drugs are easily available over the counter across the country and are often misused leading to resistant TB. You can ask for the creation of regulatory mechanisms laws through the Drug Controller General of India (DCGI) to regulate sale of anti-TB drugs. This will prevent the misuse of anti-TB drugs and avert an epidemic of drug resistant TB in the country .

• **Maintaining and increasing the commitment for funding from the international, national and state partners:**

High burden countries like India need to increase their investment in TB research and TB control programs. Resource allocation to the national TB control program has to increase to bring innovation, conduct research, and strengthen the recording & reporting systems.

• **Advocate for TB/Awareness generation :**

The esteemed office of the MPs both in the centre and in the constituency can do much towards dissemination of TB awareness through their influential and effective networks. Important advocacy and campaign messages can be circulated to the widest impact through the channels of the Parliamentarians. Also the Parliamentarian can use the media effectively ;both local and national ,to speak on TB related issues .In their individual constituencies the MPs can review the TB services available under the programme and take necessary steps for improving the quality and reach of these services.

Conclusion

India has achieved substantially in bringing down the TB cases in India, however, there are numerous challenges in sustaining the quality across the country and reaching the unreached due to the sheer dimensions of the country and variable capacity of states to tackle the problem.

It is essential to overcome these barriers, diminish peoples' vulnerability to TB and ensure an effective response to TB as part of a broader development agenda aimed at achieving the Millennium Development Goals. It has become imperative to act now in order to ensure India's success in reaching towards these Goals.

Last but not the least, as a responsible & responsive group of elected representatives of the people, the Government is accountable to prevent the vulnerability of each individual to TB and protect TB patient's right to non-discrimination, healthy occupational & environmental conditions and right to work.

References :

1. TB India 2010, RNTCP Status Report, Central TB Division , Directorate General of Health Services , Ministry of Health and Family Welfare , Nirman Bhawan, New Delhi 110001
- 2 . <http://www.tbcindia.org>.
- 3 . The Global Fund Round 9 TB Project (Project Axshya) Brochure.
- 4 . Strategic and Technical Advisory Group for Tuberculosis (STAG-TB), Report of the Tenth meeting (27-29 September 2010) WHO headquarters Geneva, Switzerland

*Policy brief series: No.12: 2011 February-March
Tuberculosis - Challenges for India*

Contribution: Project Axshya-Programme Management Unit, The USEA Office, New Delhi

In partnership with: The International Union Against Tuberculosis and Lung Disease (The Union)

For private circulation only

For more information, contact: Centre for Legislative Research and Advocacy (CLRA), F-29, B.K. Dutt Colony, Jor Bagh, New Delhi-110003, Tel: 91-11-24640756, E-mail: info@clraindia.org

In partnership with:

The International Union Against Tuberculosis and Lung Disease (The Union)

Disclaimer:

The views expressed in this publication are that of the author(s), and no way be taken to reflect that of the CLRA and The Union. This may be reproduced or redistributed for non-commercial purpose in part or in full with due acknowledgement.

Published by:

Vinod Bhanu, Executive Director, CLRA, F-29, B.K. Dutt Colony, Jor Bagh, New Delhi-110003. Centre for Legislative Research and Advocacy (CLRA), an organisation of expertise in parliamentary development work and affairs, political party management and legislative advocacy, is the hosting/ implementing organisation of the IMPF and PG-MDGs.

Printed at A.K. Printers, S-217 Bank Street, Munirka, New Delhi-110067, Ph: 9818114996.