

Let's Talk TB

A Series on Tuberculosis, A Disease That Affects Over 2 Million Indians Every Year

Call to Action for A TB-Free India

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There were more than 20 deaths in a month due to Dengue in Delhi¹ in 2015. There was a big hue and cry, and newspapers carried stories daily on the Dengue toll. There was the heart-breaking story of the little boy who died of Dengue because no hospital would take him. His parents committed suicide after his death.² The State and the administration and the hospitals were all made accountable. One story shook the nation for the entire week. Dengue is a notifiable disease and it seems the state departments do get notifications for it³ and the state departments get rapped if there is inadequate attention on prevention and care as the public and media pressure is tremendous.

There are at least 21 deaths for TB in a day⁴ in the city of Mumbai alone. Across the country, 2 people die every 3 minutes⁵ due to TB, according to government figures. Somehow these stories never make any headlines. No one really knows what happened as someone quietly passes away from TB. No hue, no cry. No heart-breaking story here. One wonders why?

The TB situation in India is fairly alarming. India accounts for 23% of the TB burden in the world. Being the second most populous country, the numbers are, of course, large. But for an ancient airborne infectious disease that has survived centuries, the numbers can be ominous as with every one case that goes undetected or untreated, new cases will appear. A person who has active pulmonary TB can infect 10-15 others in

the year, and remain infectious for 2 to 3 years if left untreated.⁶

India recorded the largest number of TB cases in the world last year.⁷ 1.5 million people died in 2014 from the disease which now ranks alongside HIV as a leading killer worldwide.⁸ 140,000 amongst them were children.⁹ Most of these deaths could have been prevented.

If unchecked, TB can become India's most serious health crisis, acting as an obstacle to India's progress in the years to come. It is imperative that India takes strong, coordinated action and addresses issues of TB prevention, diagnosis, access to treatment and support in the coming years.

The Government alone cannot tackle the TB monster. There is need for all round support from all stakeholders and partners, to ensure early and accurate diagnosis, correct treatment, treatment adherence, and economic support to families.

As reviewed in the earlier chapters of this book, the symptoms of TB are persistent cough and fever, loss of weight and appetite. People generally turn to the private doctor when they experience these symptoms. The first point of contact is the family physician or the doctor next door. It largely rests on the private sector to be able to diagnose TB early and advise treatment. This, in turn, requires them to test for TB, using WHO or RNTCP-approved diagnostics. If TB is confirmed, then it is critical for doctors to start the correct drug regimen and help patients complete the full course of therapy.

*The views expressed here are the authors' personal views and do not necessarily represent the views of the US Government or USAID.

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The Call to Action for a TB-Free India echoes WHO's 'End TB Strategy' and calls for the country to intensify TB care and prevention efforts to end TB in India. The vision of the End TB Strategy is **A World free of TB: Zero TB deaths, Zero TB disease, and Zero TB suffering.**

Shri J.P. Nadda, Hon'ble Minister of Health & Family Welfare, Government of India, launched the **Call to Action for a TB-Free India on April 23, 2015.**

The objectives of the Call are:

- Mobilize a wide range of stakeholders to demand and sustain high-level domestic commitment to end TB in India; and
- Tap the energy and influence of key stakeholders to drive political, administrative, and technical solutions to address specific barriers affecting TB care and prevention in India.

Under the stewardship of the Ministry of Health and Family Welfare, The International Union against TB and Lung Diseases (The Union) is implementing the Call to Action seeking to engage a wide range of stakeholders and mobilize domestic resources and commitment to end TB in India. The project is funded by the United States Agency for International Development (USAID) through the **Challenge TB project.**

For more information:

write to tbfreeindia@theunion.org or contact The Challenge TB Team, The Union South-East Asia Office C-6, Qutub Institutional Area, New Delhi 110 016, India.
Tweet at @forTBfreeindia

With TB, a person needs medical leave that may go beyond the usual sick leave. S/he requires leave for the period they are infectious. Therefore, TB patients need a workplace where their condition is recognized and they are not discriminated for. Thus, businesses, organizations and employers have a key role to play in the fight against TB.

Stigma is still an issue with TB in India, and patients may feel alienated or isolated within their communities or families. People may fear the disease and want nothing to do with persons suffering from TB. Young girls with TB may never get married because of stigma. Mothers may not be given care in the family and be forsaken or even sent back home, if they had TB. Families are broken when the main breadwinner cannot earn a living because of TB.

The good news is that TB is a treatable and curable disease. Therefore awareness is critical. The Call to Action for a TB-Free India is a call to make India free from this disease and all of us must join to make a difference. ■

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