

Agreement with the World Bank to Eliminate TB

The Government of India and the <u>World Bank</u> have signed a loan agreement of **\$400 million** for the **Program Towards Elimination of Tuberculosis** (TB).

- The program builds on a partnership between the Government of India and the World Bank that has spanned more than 20 years. The World Bank supported programs have helped treat more than 20 million people since 1998 and averted 3.5 million deaths.
- The loan has a 19-year maturity including a 5-year grace period.

Program Towards Elimination of Tuberculosis

- The program aims to improve the coverage and quality of TB control interventions in nine states: Uttar Pradesh, Maharashtra, Bihar, Rajasthan, Madhya Pradesh, Karnataka, West Bengal, Assam and Tamil Nadu.
- It will support the Government of India's (GoI) National Strategic Plan to end TB in India by 2025. It will do so by helping improve and strengthen diagnostics and management of drugresistant tuberculosis and increase the capacity of public institutions engaged in monitoring and treating TB in the country.
- The Program will provide financial incentives to private sector care providers for reporting
 cases of TB and ensuring that their patients complete the treatment regimen.
- It will also provide Direct Benefit Transfers to patients for acquiring the critical nutrition needed during treatment.
- The Program will even help the Gol strengthen the monitoring and implementation of Nikshay a web-based TB case monitoring system introduced by the government.

Need behind the Program

- TB kills approximately half a million people in India every year.
- Drug resistant TB is a major public health threat in the country.
- Despite a growing number of TB cases being notified, India has more than a million missing cases
 every year with most of them being either undiagnosed or inadequately diagnosed and treated in
 the private sector.
- Other challenges that India face while eliminating TB in its region are: delayed care-seeking by suspected TB patients, low adherence to treatment, and fragmented health care service providers, including an unregulated private sector which is treating more than half of TB cases in India.

National Strategic Plan (NSP) to end TB

- It encapsulates the bold and innovative steps required to <u>eliminate TB in India</u> by the year
 2025.
- Objective (Detect-Treat-Prevent-Build)
 - Detect: Find all Drug Sensitive TB and Drug Resistant TB cases with an emphasis on reaching TB patients seeking care from private providers and undiagnosed TB in high-risk populations.
 - Treat: Initiate and sustain all patients on appropriate anti-TB treatment wherever they

- seek care, with patient friendly systems and social support.
- **Prevent** the emergence of TB in susceptible populations.
- **Build** and strengthen enabling policies, empowered institutions, additional human resources with enhanced capacities, and provide adequate financial resources.

Tuberculosis (TB)

- TB is caused by **bacteria (Mycobacterium tuberculosis)** that most often **affect the lungs.**
- **Transmission:** TB is spread from person to person through the air. When people with lung TB cough, sneeze or spit, they propel the TB germs into the air.
- **Symptoms:** Cough with sputum and blood at times, chest pains, weakness, weight loss, fever and night sweats.
- **Treatment:** TB is treatable and curable disease. It is treated with a standard 6 month course of 4 antimicrobial drugs that are provided with information, supervision and support to the patient by a health worker or trained volunteer.
- Anti-TB medicines have been used for decades and strains that are resistant to 1 or more of the medicines have been documented in every country surveyed.
 - Multidrug-resistant tuberculosis (MDR-TB) is a form of TB caused by bacteria that do not respond to isoniazid and rifampicin, the 2 most powerful, first-line anti-TB drugs. MDR-TB is treatable and curable by using second-line drugs.
 - Extensively drug-resistant TB (XDR-TB) is a more serious form of MDR-TB caused by bacteria that do not respond to the most effective second-line anti-TB drugs, often leaving patients without any further treatment options.

Global Burden

- In the year 2017, the largest number of new TB cases occurred in the South-East Asia and Western Pacific regions, with 62% of new cases, followed by the African region, with 25% of new cases.
- Also, eight countries accounted for two thirds of the new TB cases: India, China, Indonesia, the Philippines, Pakistan, Nigeria, Bangladesh and South Africa.
- According to the WHO's 2018 Global TB Report, nearly half of the world's MDR-TB cases are in India (24 %), China (13 %), and Russia (10 %).

Global Actions Against TB

- Ending the TB epidemic by 2030 is among the health targets of the newly adopted
 Sustainable Development Goals.
- **The WHO End TB Strategy** outlines global impact targets to reduce TB deaths by 90%, to cut new cases by 80% between the years 2015 and 2030, and to ensure that no family is burdened with catastrophic costs due to TB.

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