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Lancet: Building a Tuberculosis Free World

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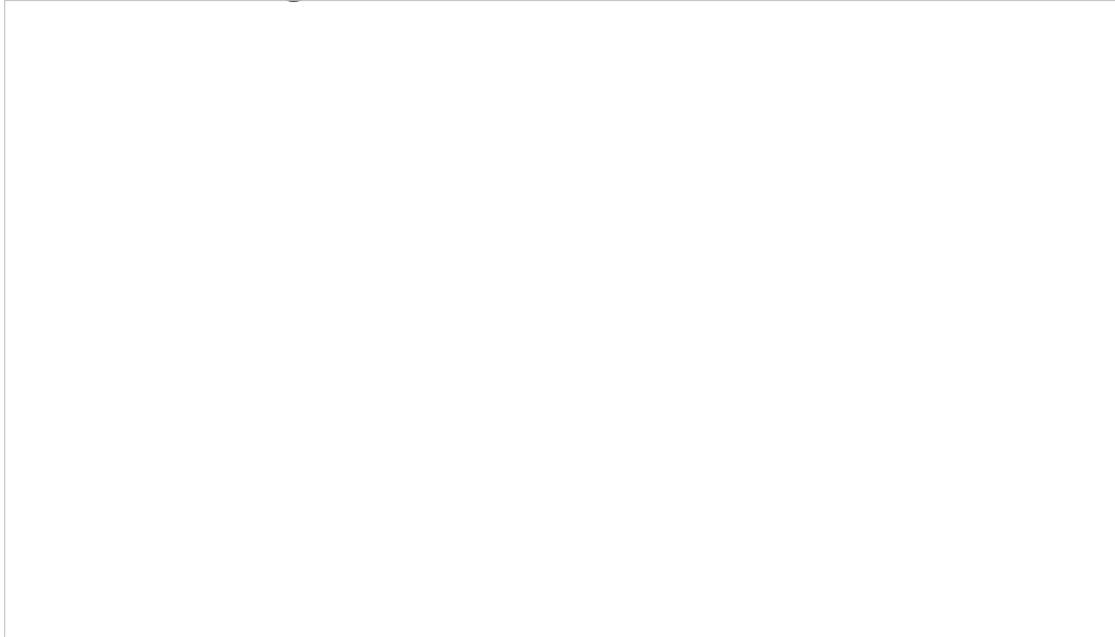
The Lancet Commission on tuberculosis has published report 'building a tuberculosis-free world'.

- It is **based on modelling for three high-burden countries(India, Indonesia, & China)**.
- It compared with 2015 data, and estimated 57% reduction in incidence and 72% reduction in mortality will be seen only by 2045.

Background

- According to World Health Organisation(WHO) **10 million new tuberculosis (TB) cases were reported globally in 2017**, out of which 2.74 million were from India.
- It shows a marginal reduction from 2.79 million in 2016.
- The United Nations Sustainable Development Goals (SDGs) include ending the TB epidemic by 2030 under Goal 3.

Lancet's Findings on India



- **India's goal to end the epidemic by 2025**(five years ahead of the UN SDG) is **too "ambitious"**, "unrealistic", and, therefore, unattainable. As it requires high quality of care to every person from diagnosis to treatment.
- TB incidence in the country being 204 cases per 1,00,000 in 2017.
- 10% of individuals with TB die or self-cure before presenting for care.
- Patient delay before the first presentation for care is 4.1 months.
- The proportion of people with TB completing treatment is 85%.
- India has the **highest number of multidrug-resistant TB (MDR-TB) cases** in the world. the majority of cases due to direct transmission.
- The early diagnosis and prompt initiation of effective treatment should be high priority to curb MDR-TB transmission.

Recommendations

- **Integration of TB services with the primary health system** will lead to early diagnosis and help cut the transmission cycle.
- Strengthening the **care cascade**(visualising problems with the implementation of 'treatment as prevention') could reduce cumulative TB incidence by 38% in the case of India.
- India has to adopt **measures to prevent TB on a population level to eliminate** the disease in the coming decades.
- India needs improvement in diagnosis and treatment for drug-sensitive and drug-resistant TB.
- It suggests that lives of eight million (28%) people with TB can be saved over the next 30 years if tests are subsidised and patients are supported to complete the treatment.
- This would **cost an extra \$290 million each year**, which is significantly less than

India's \$32 billion losses associated with TB mortality each year.

- India should scale up access to TB services for all those seeking them, optimise engagement of private sector providers and guarantee universal access to drug susceptibility testing and second line TB drugs.
- National TB control programme is encouraging, there is political will and the programme mentions all the correct initiatives to bring the disease under control. Accountability is vital component.

India and Tuberculosis

- India has the highest TB burden in the world. **In 2018, 2.15 million TB case were reported**, which is 16% more than 2017.
- Private sector has reported 0.54 million cases, which is 35% increase compared with 2017.
- National Strategic Plan for TB Elimination (2017–25) has called for increase in private TB reporting to two million patients per year by 2020.
- Government of India has said that New tools resulting from greater tuberculosis research and development (R&D) are essential to prevent those projected economic losses.
- With at least 30 per cent of India's population infected with tuberculosis. Thus it needs accurate point-of-care diagnostics for detecting tuberculosis infection and effective person-centred treatment.
- Government of India has said that close coordination between the Ministry of Science and Technology, Ministry of Health and research-oriented pharmaceutical companies, is necessary to reach targets against tuberculosis.
- Instead of waiting for people with TB to reach diagnostic centres for testing, India has now **undertaken case-finding campaigns**.
- It acknowledges that high out-of-pocket expenditure incurred during TB treatment keeps people in poverty for seven years after completing treatment.

The Lancet

- The Lancet is a weekly peer-reviewed general **British medical journal**.
- It is among the world's oldest, most prestigious, and best known general medical journals.

Tuberculosis

- Tuberculosis (TB) is caused by bacteria (**Mycobacterium tuberculosis**) that most often affect the lungs. Tuberculosis is curable and preventable.
- 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.
- Multidrug-resistant tuberculosis (MDR-TB) is a form of TB **caused by bacteria that do**

not respond to 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.**
- In 2017, the 30 high TB burden countries accounted for 87% of new TB cases. Eight countries account for two thirds of the total, with India leading the count, followed by, China, Indonesia, the Philippines, Pakistan, Nigeria, Bangladesh and South Africa.
- WHO End TB Strategy, adopted by the World Health Assembly in May 2014, is a blueprint for countries to end the TB epidemic by driving down TB deaths, incidence and eliminating catastrophic costs.
- **World TB Day is observed on 24 March .**