

Civil Society Conclave highlights the need to combat TB

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The partners of Call to Action for a TB-Free India organized a meeting in the capital today for Civil Society Organizations (CSOs), urging them to join fight against TB. Representatives from the Ministry of Health and Family Welfare, medical associations and societies, medical colleges, Global Coalition of TB Activists, USAID and The Union attended the event and discussed opportunities to reduce the TB epidemic in the country.

In the panel discussions experts highlighted the role of CSOs in TB control with a focus on TB and the co-morbidities associated with HIV, tobacco use and diabetes. 2.2 million people in India are infected with TB every year[i]. It is a curable disease, yet 2 people die every 5 minutes in the country[ii].- While TB can happen to anyone, vulnerable populations, those suffering from HIV-AIDS, diabetes and tobacco users are at higher risk. India has highest number of TB cases and second highest number of Diabetes cases in the world. Diabetes triples the risk of TB[iii] . There is a clear bi-directional link between under-nutrition and active TB. The experts also highlighted the need for interventions on TB in vulnerable populations such as children and women.

Speaking on the burden of TB and HIV co-infection, Dr. R.S. Gupta, Dy. Director General-CST, NACO, Ministry of Health and Family Welfare said, "Persons with HIV are four times more likely to contract TB because of their already weakened immunity. The mortality rate in HIV TB patients is also higher than in patients with TB alone. Screening HIV patients for TB is not yet a policy, but we need to test HIV patients who are exhibiting TB symptoms to facilitate early diagnosis and treatment, thereby improving treatment outcomes. Missed diagnosis is a serious issue for the entire community, so we need CSOs to work closely towards combating both HIV and TB. Close coordination between CSOs at every level can ensure symptomatic patients get screened, they complete their treatment course and get access to benefits through social service programmes."

"The global End TB strategy envisages a strong coalition of civil society members working in partnership with governments and the community to strengthen existing efforts for TB control and develop newer ones that yield better results," said Dr. Jagdish Prasad, Director General of Health Services, Ministry of Health and Family Welfare. He further added, "Under the

Revised National Tuberculosis Control Programme (RNTCP) we have most recently made three important changes - first, we have introduced rapid diagnostic CBNAAT machines that will overcome limitations in the earlier microscopic examinations and improve the accuracy of diagnosis. Second, we have introduced the daily treatment regime for TB patients. This is important because the immune systems of TB patients are weak and majority of them do not get adequate nutrition so administering drugs daily is important. And third, we have introduced the drug Bedaquiline for treating drug resistant TB (MDR-TB). Now, our next step is to introduce guidelines on how treatment for MDR-TB can be reduced from 2 years to 9 months."

Dr Sunil Khaparde, Deputy Director General-TB, Central TB Division highlighted, "A TB Free India is not possible without support of civil society organizations working on issues of reproductive and maternal health, child and adolescent health, nutrition, anti-tobacco use, diabetes and HIV-AIDS. TB mortality, incidence and prevalence have reduced, yet the burden of the disease continues to be very high. The incidence is lowering at only 2 per cent per year and that is not enough to achieve the targets set by the government. TB co-morbidities, low engagement of the private sector, insufficient nutrition to TB patients, missed diagnosis and low treatment adherence continue to be major challenges that we need to overcome. Without CSO support the government cannot achieve the goal of a TB-Free India."

Dr Reuben Swamickan, Project Management Specialist (TB), USAID said, "Civil Society Organizations bring valuable expertise to the table. Their experience of on-ground implementation of community projects ensures efficient resource utilization and more persuasion power with local communities. After years of working with 'at risk' populations in areas such as HIV, NCDs, maternal and child health, CSOs are able to better mobilize community participation; implement attitudinal and behavioral interventions effectively; and draw local political support for improved governance of TB programs."

The event concluded with CSOs pledging their support to TB-Free India.

Commenting what CSO support means for the TB-Free India initiative, Dr. Jamie Tonsing, Regional Director, The Union said, "With the help of CSO networks we can create greater awareness of TB control efforts and mobilize communities for early TB diagnosis to ensure faster and complete treatment to stop transmission and prevent drug resistance."