A Pledge on World TB Day

This editorial is based on <u>"Covid Lessons for TB"</u> which was published in Indian Express on 24/03/2022. It talks about the impact of Covid-19 pandemic on the elimination efforts of Tuberculosis.

For Prelims: Tuberculosis, World Tuberculosis Day, Covid-19 Pandemic, WHO's Global TB Report 2021, India Mission to Eliminate TB by 2025.

For Mains: Tuberculosis - India's scenario and efforts to eliminate it, Covid- 19 Pandemic and TB - Impacts of Covid-19 on the elimination of TB.

As India steadily steers its way through the <u>Covid pandemic</u> to safer shores, it must foreground another disease - <u>Tuberculosis (TB)</u>, which has been impacting the country for years, and **disproportionately affecting the vulnerable sections** of the society.

On <u>World Tuberculosis Day</u>, we need to ask how best we can leverage the lessons learnt from **Covid-19** to help gain a new momentum in TB control.

The TB has remained neglected for too long. It's time to acknowledge the magnitude of the disease, and work harder at **offering individuals equitable healthcare access and resources** that the disease warrants.

India and Tuberculosis - What are the Stats?

- As per <u>WHO's Global TB Report</u> 2021, India reported 18 lakh TB cases in 2020 compared to 24 lakh cases in 2019.
 - With a total estimated incidence of 25.9 lakh TB cases, India is **home to a quarter of the global burden** of the disease.
 - In India, the TB case fatality ratio increased from 17% in 2019 to 20% in 2020.
- Since 2016, India has been on a mission mode to <u>eliminate TB by 2025</u>, five years ahead of the global target.
- With a four-fold increase in the budget to tackle the disease and a patient-centric <u>National</u> <u>Strategic Plan for TB elimination</u>, India had taken enormous strides towards reaching its goal.

What are the Similarities and Differences between TB and Covid-19?

- Covid-19 and Tuberculosis (TB) are remarkably similar in the context that they are both transmissible, airborne infections.
 - Both are more **likely to spread in crowded settings,** and harm people with **immuno-compromising conditions.**
- However, between 2010-20, 1.5-2 million individuals died every year because of tuberculosis, yet, the word "pandemic" was seldom used in the context of TB.

- The **amount of money spent by governments** for research and development in the first 11 months of the Covid-19 pandemic was **162 times the corresponding amount spent on TB** in 2020.
- TB disproportionately **affects people in low-income nations**, the poor and the vulnerable.

How Covid-19 Impacted the Elimination Efforts of TB?

- Increase in Missing Cases: The increased burden on healthcare to manage Covid- 19 has led to a serious setback in TB control. In the past two years, case detection has dropped, leading to an increase in the proportion of the "missing cases" of TB.
 - According to the Global TB Report 2021, an 18% decline in case notifications is perhaps the biggest indicator of the pandemic's impact on global tuberculosis programmes.
- Lockdowns and Economic Distress: Fear of Covid- 19 lockdowns and economic stress discouraged people from visiting medical facilities to get tested.
 - This **exacerbated the pre-existing health-seeking behaviour** of people who, under normal circumstances too, would shy away from getting medical care.
- Access to Medicines: For those diagnosed, access to medicines has not always been easy and during Covid-19, it became worse.
- Understaffing in TB Healthcare Facilities: The redirection of human resources within the health system during the three Covid waves has left TB facilities understaffed leading to poorer quality and delayed care.
- Reactivation of TB Bacterium: Studies have suggested that Covid may trigger pathways leading to reactivation of dormant TB bacilli.
 - The tubercle bacillus (or Mycobacterium tuberculosis) is a small, rod-shaped bacterium that can survive for months in a state of dryness and can also resist the action of mild disinfectants.

What Could be the Way Forward?

- Test, Treat and Track: Test, treat and track has been a strategy successfully employed for Covid- 19 we need to aggressively scale up testing with innovative strategies such as active surveillance, bidirectional screening for respiratory tract infections using the most sensitive molecular diagnostics, and contact tracing.
 - The biggest victory against Covid-19 has been the speed with which vaccines were developed, scaled up and deployed.
 - The same needs to be replicated for tuberculosis, lobbying for funding from governments and industry to **develop a successful vaccine for TB.**
- Social Security Programmes: Malnutrition, poverty and immuno-compromising conditions such as diabetes are some of the factors strongly associated with TB.
 - **Over a hundred million Indians smoke tobacco** a strong risk factor for both developing TB, and dying from it.
 - **Social security programmes** that work towards **prevention of modifiable risk factors** would possibly pay richer dividends than an exclusive focus on "medicalising" the disease.
- Engagement and Investment: Investments and public education for combating TB can help turn this crisis into an opportunity to re-imagine our overburdened and underfunded systems.
 - India needs to triple the funding not just for TB but for health, nutrition and preventive services.
 - It also needs to **invest in state-of-the-art technologies**, **build capacity**, **expand its health workforce** and strengthen its primary care facilities.
 - Most importantly, before embarking on any of this, it needs to build an open and collaborative forum where all stakeholders, especially affected communities and independent experts, take a lead role.
- **Public Awareness:** For the TB mitigation strategy to be effective, it is important to **increase levels of awareness of people** about the disease.
 - It is also crucial to **ensure that the people affected by the disease overcome social insecurities** and access TB care and utilise the government's TB programme.
 - **Elected representatives' initiative** and participation can certainly help to amplify the right messages about available care services, destigmatize the disease and encourage

people to seek care.

 This could be achieved by supporting grassroots workers such as <u>ASHAs</u>, <u>anganwadi workers</u> and <u>self-help groups</u> who strive hard to sustain a responsive health system at the local level.

The Vision

Drishti Mains Question

"The increased burden on healthcare to manage Covid- 19 pandemic has led to a serious setback in TB control measures in India". Comment.

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