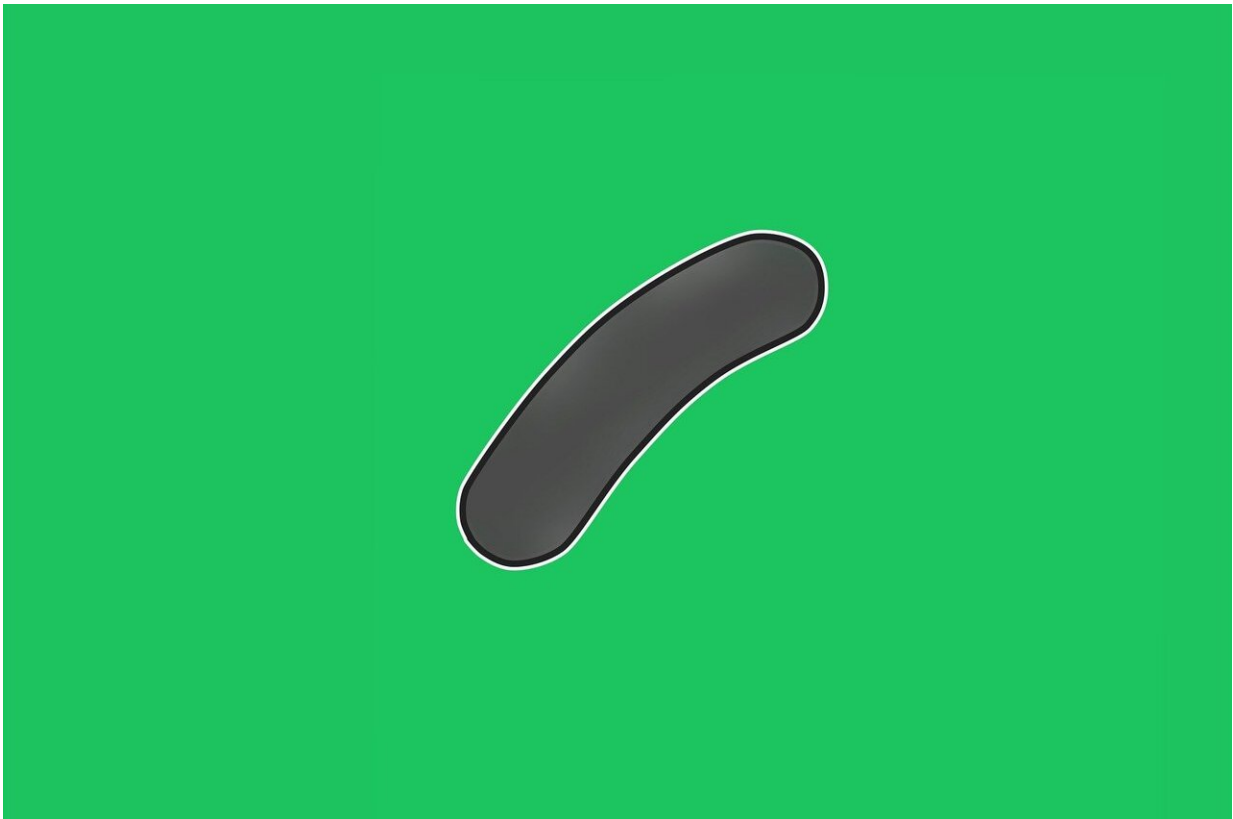


# India on the frontline of the fight against tuberculosis

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Credit: CC0 Public Domain

All the symptoms were there but it still took four doctors and several months of waiting before Bharti Kapar's cough and stomach pains were diagnosed as tuberculosis.

Hailing from a poor town outside the smog-choked capital of New Delhi, Bharti, 24, was one of the 2.7 million new cases of tuberculosis last year in India—home to more than a quarter of the world's cases of the deadly disease.

After five months of rigorous medical treatment and taking several pills a day, she was declared cured in April but still has to force herself to venture out of the small home she shares with her mother, two brothers and a sister-in-law.

"Sometimes I feel that my breathing is difficult, it's not normal. I do not have any energy, I do not want to go out, I do not want to do anything," she said.

A major killer in the West until the mid-twentieth century, tuberculosis remains a menace in developing countries and killed 421,000 in India in 2017 according to the World Health Organization—more than AIDS and malaria combined.

The Global Fund will meet in France on 9-10 October hoping to raise \$14 billion for the worldwide fight against TB, malaria and AIDS.

For its part, the government of Narendra Modi, which came to power promising development for India's 1.3 billion people, has set an ambitious target of overcoming India's TB "epidemic"—the world's largest—by 2025.

It has created new patient monitoring systems and recently enlisted artificial intelligence to help screen for the disease.

The government's call to arms "is not just rhetoric," said Dr. Jamhoih Tonsing of the International Union Against Tuberculosis and Lung Disease, noting that the budget for TB in India has doubled between

2016 and 2018.

But its timetable may be too ambitious.

TB incidence in India is currently declining by about two percent each year, Tonsing said.

"To reach the 2025 target, we need to make this decline at least 10 percent per year. A big jump has to happen."

## **'Poor man's disease'**

Transmitted by droplets of saliva when a contaminated person speaks or coughs, TB spreads easily in India's crowded cities, where immune systems are often already weakened by air pollution or poor sanitary conditions.

The bacterium mainly attacks the young and middle-aged men who make up much of the workforce, with the death or incapacitation of a breadwinner piling additional misery on families.

"TB continues to be predominantly a poor man's disease," said Shibu Vijayan, Global TB Technical Director at PATH, an NGO.

"In that sense, an investment there (in fighting it) will probably uplift the economy, uplift the poverty part of it, uplift the overall health of the household."

In a modest neighbourhood criss-crossed by congested lanes south of New Delhi, TB patients come to take their daily medication in a tiny clinic run by the NGO Operation ASHA.

Some visitors wear masks or wrap scarves over their mouths to avoid

contaminating others.

A digital tablet displays the names and phone numbers of those scheduled to come in that day to take their medication, in an effort to ensure patients' programmes are scrupulously followed.

Poorly administered anti-TB drugs or treatments interrupted before their term are a major worry for health workers, and responsible for the spread of multidrug-resistant strains of the disease.

The WHO has noticed a form of TB resistant to traditional medicines that has a mortality rate of 50 percent—comparable to that of Ebola, highlighting the challenges that remain even after the progress made against TB in recent decades.

With an estimated 600,000 multidrug resistant TB cases worldwide—and 135,000 in India—"we created a monster," says Sandeep Ahuja, co-founder of Operation ASHA.

But, the renewed campaign in India is a cause for optimism.

"We have created the demon, let's go out and cap it," he says. "The numbers are still manageable... We have enough equipment in our arsenal."

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