

Editorial**End TB by 2025 :
Difficult Mission, but Not Impossible**

Whether we ourselves have escaped from the scourge of tuberculosis or not, there is probably hardly a family which has not had to do something with this dreaded disease.

— Pt. Jawahar Lal Nehru , 1st Prime Minister of India



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Tuberculosis (TB), known since Vedic era in India as 'Kshaya Roga' or 'Raj Yakshma', finds similar description by Hippocrates as 'Pthisis' meaning to decay. On 24th March, 1882 that causative organism of TB was discovered by Robert Koch's, hence the disease is also known as 'Koch's disease' and 24th March is celebrated as 'World TB Day'¹.

The basics of TB treatment are Nursing Care, Fresh Air and Good Nutrition, first described in Ayurveda and later on adopted by modern medicine as "Sanatoria Treatment". Chemotherapy era started in 1944, when Wakesmann discovered Streptomycin and since then few more drugs came into light, last being Rifampicin in 1980's. Then after a long gap of nearly 40 years Bedaquiline and Delamanid in recent years²⁻⁴.

Resurgence of TB occurred in late 80's, mainly due to Human Immunodeficiency Virus (HIV) and in 1993 World Health Organization (WHO) declared TB as 'GLOBAL EMERGENCY' due to rising problem globally, it's association with HIV and increasing drug resistance. Now it showed the incidences of TB as 140 per lakh population globally, whereas, it is 211 per lakh population in India. Deaths due to TB are 22 per lakh globally and 33 per lakh in India., HIV TB cases are 14 per lakh globally and 6.6 per lakh in India. The estimated Multiple Drug Resistance (MDR) or Rifampicin Resistant TB cases rested at 8.1 per lakh globally and in India it is 11 per lakh population^{5,6}.

Approximately, half of the population is infected and one-fourth of the global annual new cases occur in India. Prevalence of TB is 3.2 million in India and incidences is 2.7 million new cases annually ie, more than 6000 people develop TB every day in India which amounts to more than 4 people developing TB every minute! About 4 lakh 23 thousands patients die due to TB every year which amounts to more than thousands deaths per day and one child everyday. There are about one lakh forty seven thousand patients of MDR-TB in India. Incidence of Multi Drug Resistant (MDR)-TB is 6.19% in all patients (2.84% in new and 11.6% in among previously treated)^{7,8}.

If we look at the evolution of TB control in India, we find that National TB programme was first instituted in 1962. The programme was next reviewed in 1992 which saw that only 30% of patients were diagnosed and of these only 30% were treated successfully and hence the programme was declared as failed programme. These alarming figures gave birth to NTEP (Erstwhile RNTCP) pilot project in 1993. After the initial success, the NTEP project was scaled up in 1997 and finally on 24th March 2006, the entire country was covered under NTEP. The first National Strategic Plan for TB control was initiated for 2012-2017 to achieve universal access to quality TB diagnostics and treatment having guided activities and creating accountability against results. The Government of India, in May 2012, passed a mandate for all healthcare providers to notify every TB case diagnosed and/or treated, to local authorities. The national programme also rolled out an innovative and visionary electronic recording and reporting system (Nikshay) across the country in 2012. The need for mass-communication was addressed by the launch of Amitabh Bachchan's campaign, "TB Harega Desh Jeetega" on 24th March 2015. With this nationwide campaign of India Vs TB, our country has come a long way towards TB elimination⁹.

The real way forward has been shown to us by our Hon'ble Prime minister Shri Narendra Modi ji by organising the 'END TB SUMMIT' in Delhi on 13th March 2018 along with Dr Tedros Adhanom Ghebreyesus, Director-General of WHO.¹⁰

The Ministry of Health and Family welfare (MOHFW) in consultation with over 150 national and international experts working in the field of public health as well as private sectors finalized the new National Strategic Plan for TB 2017-2025 (NSP)¹¹.

WHO definition of TB elimination implies reducing cases of TB to less than 1 per 10 Lacs population. Keeping this in mind, a vision of TB-Free India with zero deaths, disease and poverty due to TB is seen. The goal of this NSP is to achieve a rapid decline in burden of TB, morbidity and mortality while working towards elimination of TB in India by 2025. The requirements for moving towards TB elimination have been integrated into the four strategic pillars of "Detect – Treat – Prevent – Build" (DTPB).

Active case finding activity (ACF) among vulnerable groups is a focus over the next 5 years and considerable efforts are being made to reach these populations. The prioritization of vulnerable groups for screening and ACF has been formulated for urban, rural and tribal areas¹²⁻¹⁴.

Different choices for information and communication technologies (ICT) based treatment adherence support mechanisms like introduction of Real Time Medication Event Reminder Monitor (RT-MERM) and automatic pill counter have been introduced. The 'Nikhshay Poshan Yojana' launched by Government of India in March, 2018, aims to provide incentive of 500 rupees per month for the entire duration of treatment for nutritional support to TB patients. It has been implemented via a smart card linked to Aadhar which provides for a tamper proof storage of patient account and identity. To increase private sector involvement in TB control, every private doctor is being given incentive of Rs 1000 at the completion of treatment which he has notified.

Government of India declared TB a notifiable disease on 7th May 2012. Sticking to its earlier policy GOI took a harsher step towards TB control by issuing the gazette notification of MOHFW on 16th March, 2018 (published on 19th March). As per the gazette notification of MOHFW, clinical establishment – doctors, laboratories, pharmacists, chemists and druggists, that fails to notify TB patients will be booked under Sections 269 and 270 of the Indian Penal Code that carries a jail from six months to two years or a fine or both along with financial penalty. Government of India has taken all the steps after change of END TB by 2025 by our Honorable Prime Minister. However, malnutrition, Diabetes, Mellitus and Drug Resistance are the big challenges for this END TB mission¹⁵⁻¹⁷.

We, as a country have already eradicated polio. In the process we have learnt that having brand ambassador at state level, involvement of social, religious and local leaders in the awareness campaign, involvement of print and electronic media in spreading awareness, nukkadnataks, distribution of pamphlets, wall writings, folk dance etc to spread awareness in villages and remote places like tribal areas have brought us closer to our goal of eradication in much less time. We need to implement these learnings in our mission to eliminate TB also.

The name of Revised National Tuberculosis Control Program (RNTCP) has been changed to National Tuberculosis Elimination Program (NTEP) on 30th December 2019. This Gesture is also in accordance with the Mission END TB 2025¹⁸.

We all should join hands to make India TB Free and

get rid of our country from this dreaded disease.

“END TB by 2025”.

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