India's tuberculosis program flounders

by Ramtanu Maitra

In April 1993, the World Health Organization declared tuberculosis a "global emergency." For the past 20 years, tuberculosis was thought to be under control. Today it is infecting more than a third of the world's population. WHO predicts ominously that more than 30 million are expected to die of tuberculosis in the next decade, with the figures rising to 90 million more cases worldwide by the year 2000. TB is now the world's leading cause of death from a single infectious agent. According to the latest WHO estimates, there are close to 1,000 new cases every hour.

"Tuberculosis is humanity's greatest killer, and it is out of control in many parts of the world," states Dr. Arata Kotchi, head of the World Health Organization (WHO) TB program. TB cases in Europe and North America, for example, have risen dramatically in the past few years. The United States reported a 12% rise during 1986-91. Italy reported a 28% rise during 1988-90, and Switzerland saw a 33% rise from 1986 to 1990.

Most developed countries, having tamed tuberculosis to an almost negligible count, had confidently rolled back their funding for TB research, dismantled prevention programs and shut down the sanatoria to focus on new health concerns. Now they see everything unraveling. The increase has been largely attributed to the deadly link between HIV and TB, increasing homelessness, drug misuse, and poverty. However, the great majority of today's cases, and more than 95% of TB deaths, are in developing countries.

The Deputy Director General (DDG) of India's TB program, the National Tuberculosis Control Programme, Dr. K.K. Dutta, says: "Forty percent of India's population are infected with TB. In a population of 800-900 million, about 1.5% have active TB; that is roughly 12-13.5 million individuals. Every year, 400,000 people succumb to TB." Yet Dr. Dutta is emphatic that there has been "no evidence of appreciable change in the TB graph of India." Unlike in western countries, TB in India was never really controlled, and has been a serious health problem for the past four decades. This, Dr. Dutta says, will change in the near future, thanks to the deadly HIV-TB nexus. According to the UNDP, India is already estimated to have 150,000 HIV cases, which is expected to reach an explosive figure of 5-6 million by the year 2000.

Treatment plans

Already there have been some reported HIV-TB deaths, but India's Directorate General of Health Services (DGHS) does not have any statistics on this, nor estimates on the increasing HIV mortality. This ostrich-like policy towards tuberculosis eradication—tuberculosis is, after all, curable—has come under much criticism. But the DGHS, the main health body of the government, is crippled with the same dilemma of a paucity of funds, that ails other government programs, with the exception perhaps of "family planning." The budget allocation for the already fund-starved TB program this year is a mere 46 crores.

Dr. Dutta says: "The situation will be grim unless sufficient funds are made available." The government is seeking World Bank help to meet its growing inadequacies in the health sector. A proposal for Rs. 600 crores, for a period of five years, is under negotiation.

Technical inadequacies have also been hampering the TB eradication effort. In most parts of India, doctors still refer to X-ray diagnosis as a means of identifying TB, but this is an oudated method which the more effective sputum diagnosis has replaced. This, the DGHS TB program is trying to overcome, but their pilot projects have met with only modest success. At present, the cure rate in India is just 30%.

TB is curable within a period of six months or more, depending on the individual case. A number of anti-TB drugs are available, and hospitalization, except for severe cases, is not required. The patient can complete the treatment course at home, but it is essential that all the drugs be taken as prescribed, and that the full course be completed. It is when this is not done that TB becomes a killer. Yet overburdened clinics are often unable to impress on patients the need to stick to the full course of a drug regimen. Nomadic populations in Asia and Africa pose special challenges, since health workers easily lose track of TB sufferers.

Interrupting treatment transforms a treatable disease into one that is life-threatening. Called a multiple drug resistant tuberculosis (MDRTB), its emergence is easy to understand. When treatment is interrupted, the mycobacterium tuberculosis, having been exposed to anti-TB drugs, now comes in diversified strains which can outsmart the whole range of antibiotics available to fight it. The phenomenon is new to health authorities in most parts of the world. Dr. Dutta says: "MDRTB is yet to assume proportions of concern in India, but will in the coming years."

After the anti-TB drug rifampicin was introduced in the early 1960s, TB research came to a virtual halt, and that has left scientists ill prepared for MDRTB. Glaxo, the British pharmaceutical company, has announced a 10 million-pound, five-year TB research plan. The WHO recommends a budget of approximately $20 million for the next two years to develop effective programs and research to cut TB deaths.