

LETTER

The dire struggle: India's unfulfilled promise to eliminate tuberculosis

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In 2023, as per the World Health Organization (WHO), India emerged as the country with the highest number of tuberculosis (TB) cases, reporting 2.8 million cases and contributing to 27% of the global TB burden [1]. Worldwide, there were 7.5 million newly diagnosed TB cases in 2022, marking the highest figure since global monitoring began in 1995 [1]. Although an estimated 410,000 people worldwide developed multidrug-resistant TB, less than half of them commenced treatment within the same year [1].

In his March 2016 Mann Ki Baat address, the Hon'ble Prime Minister of India, Narendra Modi, called upon the nation to work towards making India TB-free [2]. In 2018, he set an ambitious target to eliminate tuberculosis by 2025 [3]. To achieve this goal, the Health Ministry launched the National Strategic Plan (NSP) 2017-2025, aimed at eradicating TB by 2025. However, early this year, India was facing a drug stockout for six months, affecting TB treatment across the country. This shortage included medications for both drug-sensitive and drug-resistant cases. In India, over 1,400 patients die from TB every day [4], and prolonged disruptions in the supply of medications will significantly escalate this death toll and contribute to drug resistance. Neglecting such a treatable disease, while proclaiming ambitious goals to make India TB-free, is tantamount to a grave dereliction of duty.

The challenges in TB care due to delays in diagnosis and treatment initiation are exacerbated by inconsistent availability of essential drugs, hindering treatment success. States have been directed to locally source these medications for a three-month period, with a provision allowing them to reimburse the cost of medicines to the patients if district health facilities fail to supply them. Asking patients to purchase their own medicines will create more problems since many patients come from impoverished backgrounds.

In alignment with the Hon'ble Prime Minister's vision for eliminating TB, the National TB Control Programme was renamed the National TB Elimination Programme. However, instead of moving closer to the 2025 TB elimination target, India is struggling to manage even the basic aspects of TB control. The effective management of TB also requires

adequate emphasis on improving public health and nutritional aspects of patients and their family members. There is evidence, historical and contemporary, that nutrition is an important factor in both treating patients as well as in reducing transmission. The recently conducted RATIONS trial clearly shows that nutritional intervention is associated with substantial reduction in TB incidence and a substantially decreased hazard of tuberculosis mortality [5,6]. Therefore, it is imperative that India's TB elimination programme also ensures nutritional support to patients and their close contacts. Additionally, more efforts need to be taken at the policy level to alleviate poverty and improve living conditions of people who are poor.

Over a century ago, Edward Livingston Trudeau observed, "There is a rich man's tuberculosis and a poor man's tuberculosis. The rich man recovers, and the poor man dies." [7] This poignant remark remains tragically relevant to India's current efforts to eliminate TB. Elimination of TB in India will require ensuring uninterrupted supply of drugs, providing adequate nutrition to patients and their family members and a restructuring of government socio-economic policies to reduce poverty in India.

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