A few Questions and Answers on TB elimination

DG: Which are the countries/Regions that still carry the maximum burden of TB and what according to you could be the reasons for this concentration in cases?

JPN: TB, an ancient disease remains even today as one of the leading causes of morbidity and mortality particularly in low and middle income countries.

According to the latest WHO Global TB report, there were 10.6 million cases and 1.6 million deaths globally during 2021. Eight countries accounted for two thirds of the burden. Among these, 3 belonged to the SEA region. These include India, Indonesia and Bangladesh. India has the highest burden in terms of absolute numbers with 2.1 million cases.

The reasons for high burden in countries include 1) population size in terms of absolute number of TB cases and deaths; 2) presence of risk factors such as malnutrition, HIV prevalence, diabetes, tobacco use etc and 3) relatively poor and over-stretched health system/infrastructure.

DG: What would be your three top priority strategies in order to achieve the goal of TB elimination?

JPN: I suggest four important strategies essential for achieving TB elimination

— political will, robust policies and plans, and supportive health system to deliver services

— Integrating people-centered care and prevention including latent TB and preventive therapy

— Engagement and partnerships including to address social determinants of health including nutritional support

— Research and innovation (eg The GOI flagship initiative *Aashwasan campaign* (100 days ACF) was carrieout across all 174 tribal districts resulting in yield of additional ~10,000 TB cases

DG: MDR (tb) and XDR (tb) continue to plague the TB control programmes across the world. What do you think are the reasons for it and what best initiatives would you offer to control it?

JPN: Drug resistant TB is a serious and complicated issue— it is difficult to treat and manage as treatment takes longer and is more expensive. MDR-TB is also associated with an increased risk of death of the patient.

Resistance to anti-TB drugs can occur when these drugs are misused or mismanaged. For example, when patients are not able to take the full course of treatment as advised by the doctor; or when health-care providers prescribe the wrong treatment, the wrong dose, or duration of drug intake; or when the supply of drugs is not available.

Therefore, ensuring treatment adherence is a critical part of the TB programmes worldwide. The most important thing to prevent the spread of MDR TB is for patients to take all of their

medications exactly as prescribed by their health care provider. No doses should be missed and treatment should not be stopped early.

Health care providers can help prevent MDR TB by quickly diagnosing cases, following national treatment guidelines, monitoring patients' response to specialised treatment/care, and making sure therapy is completed.

DG: Many countries, with shared borders, are facing the burden of tackling TB. What specific actions could such countries take and how?

JPN: Indeed, the populations moving across the international borders not only have higher prevalence of TB and multidrug- resistant (MDR) TB but also face significant challenges and barriers in accessing diagnosis, treatment and prevention services.

I suggest the following actions relating to cross-border disease control at international level:

- Enlisting high level political commitment at national, state, border district level and enhanced inter-country coordination and collaboration
- Coherent cross-border strategies including treatment regimens and joint planning and activities
- Strengthening surveillance and Information sharing across borders
- Enhancing health system capacity at border districts
- Partnership building with stakeholders at various levels.

DG: How, according to you, has the COVID-19 pandemic impacted the TB programmes across the world?

JPN: Challenges were indeed profound such as in providing and accessing essential TB services, in part due to disruption in the supply chain. In addition, TB programme staff were diverted towards rersponding to Covid pandemic. As a result, so many patients with were not diagnosed or put in treatment. Since fewer TB patients were diagnosed and treated meaning that they continue to transmit disease in the community. With this, there was an increase in TB deaths along with continued transmission in the community.

This is shown recently by the global TB report that TB cases and deaths after many years of decline have registered an increase for the first time in 2021 as compared to 2020!