Eliminating TB, We and Miloni Hembrom

There is no shortage of information about Tuberculosis (TB) – its signs and symptoms, drugs to treat, drug-resistant forms of the disease and so forth. TB is not new but only recently the disease has become a news item. Multidrug-resistant (MDR) and Extensively drug-resistant (XDR) forms of TB have started to impact the North only recently.

WHO and a number of international organisations, pharmaceutical companies and research institutions – they all discuss how to control the spread of this age-old disease. They talk, conduct researches and make plans. At national levels, governmental and non-governmental, organisations adopt global plans and strategic targets. And, in March each year (a few days either side of the World TB Day), the media reminds us that 'Tuberculosis tops the list of deadliest infectious diseases' or 'Tuberculosis kills as many people each year as Covid-19. It's time we found a better vaccine'.

Whether we need a better vaccine or newer drugs is another discussion. To me such discussions are least important; they are 'academic'. Way back in the beginning of 80's, I first started treating patients suffering from TB; now after four decades I continue to treat patients – dying or near dying of the disease. My TB patients are from marginalised communities in remote rural villages in India – I see them in their villages, in their houses. You will know about TB if you are there; the need for 'new drugs' or 'vaccines' or 'nutrition' will possibly appear academic to you too, if you are there. You will not know TB in conferences and from research papers.

TB has become 'news' only since it has posed as a life-threatening disease to the richer North (and the upper class in cities in the fast-growing developing world in the South). The threat of TB started with the breaking of the Berlin Wall and became more real at the turn of the century when outsourcing in mines and industries from the North to the South, and movements of population, skilled and unskilled alike, from the South and the North, leaped. Yet, TB is not yet a news the way HIV was not so long ago.

Planners and policy-makers in the capitalist world we live in, do not value health as well-being of people but the well-being of political power and economy. Well, that is how see it. There are many example to explain this. Thus explains why the world put all efforts and resources to control HIV, and the Covid at the moment, but not TB or even diarrhoeal diseases in disadvantaged corners.

In the case of HIV, the North was at the risk of contracting the infection by travelling to the South for business or other purposes, and in turn spreading HIV the across the North. The effort to control HIV in the South was understandable. Money poured in for researches, for effective tests and treatments. HIV experts were born, community organisations mushroomed to conduct 'awareness' campaigns. When I look back and compare it with that of TB, it was a circus or an 'HIV fair'. TB was a bleak and barren field, in that respect. TB and HIV go hand in hand though. They always went – at the height of HIV, and now. Experts and planners possibly felt obliged to add TB with HIV. 'HIV-TB-Malaria' featured in Global Fund – it was more like planting a few trees in a barren land! But TB remained neglected until recently.

So why does TB get less attention? It is not the virulence of the infective agent – simply, because TB is a disease of the poor. Well, HIV, TB, Diabetes and Cancer (and under-nutrition) all are co-morbidities but have a look where the global attention is. And now, Covid has caught all attention.

Returning to the question of 'more researches' to know TB (so that we control the age-old disease) –

do we need more researches on the impaction of nutrition on TB, or on the extent of TB in indigenous populations? It is already established that the incidence of TB among the indigenous population in India is three or so times higher than the rest. I do not understand why then another study. We do not need another study to establish that in disadvantaged communities, improved food rations through public distribution system will improve treatment outcomes of TB. Researchers should be asking, why people in marginalised communities cannot grow adequate food grains or buy food at shops to supplement their nutritional requirements.

Miloni Hembrom (not her real name), a tribal girl who was a near-dying TB patient, did not require new drugs to shorten the treatment course. The family could not afford to buy 'good' food – they exhausted their reserve in private clinics in the town. Miloni contracted TB during her pregnancy; lost her baby because her thin body did not produce breast milk. Miloni weighed 23 kg when she started treatment at our TB centre. The same treatment was available at the government TB centre much nearer to her home though. She needed support from family members, the encouragement to take medicines all through the six-month course, and the will to live. Miloni survived. But many young women in marginalised communities in India are not as fortunate as Miloni.

On the 8th of March this year i.e. the International Women's Day (2021), Miloni came to Ekta Niketan, the TB centre I have referred earlier. In a report of the centre, (https://ekta-niketan.fourthworldaction.net/gallery/en%20report_2021.pdf), she featured; so did another young woman of her age in the form of a 'tribute' as the woman did not survive.

To save Miloni, it was not necessary to change the name of India's TB control programme, from control TB to 'eliminate' TB. In any case, Miloni did not access the close-by government's TB centre where she would have received the same standard treatment as she received at Ekta Niketan.

To end this piece, let me return to where I started – 'WHO', 'global plans' and 'strategic targets'. After the Millennium Development Goals, international experts, as part of their 'end TB strategy', have set the target to halt the spread of TB by 2030. And India who tops the list of high-burden TB countries, in response to the global strategic targets to end TB, has revised their TB strategy 1017-2025, has renamed RNTCP to NTEP i.e. the Revised National TB Control Programme has now become National TB Elimination Programme, and the Indian Prime Minister Mr Narendra, at a Webinar in February this year (2021), announced "we aim to eliminate TB from country by 2025" (https://www.aninews.in/news/national/general-news/aim-to-eliminate-tuberculosis-from-country-by-2025-says-pm-modi20210223114506/) i.e. five years ahead of the global target of 2030. We may, however, soon be hearing that the global target to end TB has been jeopardised because of the attention, efforts and resources to control the Covid-19 pandemic.

To save Miloni we have many challenges to address – experts to researchers to politicians.

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