Editorial

Tuberculosis in the SAARC Region: Prioritize control measures, strengthen health facilities

Globally, an estimated 10.0 million people fell ill with tuberculosis (TB) [127 cases per 100 000 Population] in 2020, a number that has been declining very slowly in recent years. About 6.1 million cases were notified in 2020 across the globe which means there was a gap of 3.9 million (39%) between incident and notified cases.

In the SAARC region, an estimated 3.6 million people fell ill with TB (198 cases per 100 000 Population). A total of 2.4 million TB cases were notified with a gap of 1.2 million (33%) between incident and notified cases. There were an estimated 0.6 million deaths (34 cases per 100,000). For the cases notified the treatment success rate was 86%. The region accounts for 36% of the global burden of TB incidence in 2020. Out of eight Member States three are high TB burden countries and four of them are high MDR-TB burden countries among 30 high burden countries. India accounted for 26%, Pakistan 5.7% and Bangladesh 3.6% of the world's TB Cases. The treatment success rate for new smear positive cases was 86% (2019 cohort). In 2020, the SAARC region had 4,24,869 estimated TB burden in children (0-14) years. Among them 2,19,493 were males and 2,05,376 were females. The region has 56% children (age <5 years) household contacts of bacteriologically-confirmed TB cases on Isoniazid treatment. In the year 2020, there were 54,578 MDR/RR-TB and 9,967 XDR-TB laboratory confirmed cases. Among them 46,746 MDR/RR-TB and 9,083 XDR-TB patients were started on treatment. Regarding the TB among HIV patients there were 31,309 TB Patients with known HIV status, among which 29,519 (94%) were on Antiretroviral Therapy. India accounts for 30,496 TB patients with known HIV status and 28,931(95%) patients were on ART. Afghanistan and Bhutan had provided 100% ART to TB patients with known HIV status in the region.

Hidden and unreported cases of tuberculosis are major challenges in SAARC region for tuberculosis control. In 2020, 10 countries collectively accounted for 74% of the global gap between estimated TB incidence and number of people newly diagnosed with TB and reported. In SAARC region Nepal accounted for highest percentage of gap (59.79%) with Bhutan having least (29.31%). Some of the major causes of gaps are underreporting and lack of access for diagnosis.

Every country and culture are different from their own aspects. SAARC member states have differences in human values. Therefore, each government body looking after their tuberculosis control program should identify innovative ways to find missing cases in their respective set ups. Rigorous brainstorming should be done with concerned stakeholders to figure out the ways before implementing at the grass root level.

Innovatively identifying cases will not work until it is supported by appropriate TB diagnostic, TB treatment and Preventive Services. Hence there is a need to scale up the recommended diagnostic (rapid molecular test or culture) in line with World Health Organization guidelines. This is critical because microbiological detection allows people to be correctly diagnosed and helps to start appropriate treatment regimen. Hence, it is imperative that these diagnostics be taken up to the lower level of health facilities. Innovation in treating tuberculosis is necessary in the future. Although a lot of new drugs have been discovered problems still exist in duration and complexity of treatment. This has led to suboptimal response and the emergence of resistance and continuous spread of the disease. Timely procurement of drugs and supply needs to be strengthened in the coming days. Another aspect which needs a major revision is in the preventive services. Three delays (Reaching, Seeking and Receiving) needs to be strengthened at all level of health facilities. It should especially be focused at the primary health care level and hard to reach areas in the SAARC member states. Awareness program to dilute the stigma and discrimination

should be done on a routine basis. Additionally, TB preventive therapy could be an important intervention to reduce the risk of TB infection progressing to active TB disease. Hence, there is a need of more TB screening at the household level. There is also a need of strengthening follow-up for TB screening at both household level and among people living with HIV and increase access to shorter (1-3) months regimen. Ensuring basic infection prevention and control should be prioritized. TB vaccine if discovered will be boon to the humanity.

COVID-19 devastated the world like anything else. Hence in this post COVID era there is a need for increased funding to bring back the tuberculosis control program in its original stature. High level of political commitment at the top level with team work and cooperation at the middle and the lower level is needed to make this happen. We all health professionals across the region must be committed and dedicated to bring that dream of ending TB into reality.

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