

India accounts for 26% of TB cases in Southeast Asia

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Tuberculosis affects nearly three million people in WHO's Southeast Asia Region every year. Of them, nearly one million go undetected / untreated. On World TB Day, WHO calls upon countries to aggressively scale up efforts to find, treat and cure these missing cases.

"The region is making progress in the fight against TB but to win the battle we need to improve access to treatment and care for the disease. We need to address the social, economic and behavioral factors to reach each of those million missing TB affected persons," said Dr Poonam Khetrapal Singh, WHO regional director for Southeast Asia.

WHO Southeast Asia Region has made gains against TB and is on track to achieve the global target of 50 percent reduction in TB death rates by 2015 as compared with 1990. The access to TB care has expanded substantially since the year 2000 with 88 percent treatment success rates. Almost 22 million TB patients have been treated in the past 10 years.

However, the scale of TB in the region is alarming as it still accounts for 38 percent of the global TB cases. India alone accounts for 26 percent. An estimated 450000 people died of TB in the Region in 2013, with most deaths reported from Bangladesh, India, Indonesia, Myanmar and Thailand.

Concerted action is needed to reach the missing cases. These cases are being missed mainly due to underreporting from the public and private sectors, social stigma and lack of access to services. TB services - screening, testing and care - need to be expanded with a primary health care approach to ensure equitable access. Public-private collaborations should be enhanced for increased case notification. Community-based TB services that have demonstrated cost-effectiveness, higher utilization and better outcomes, should be further strengthened.

People with TB still suffer discrimination, stigma, rejection and social isolation. Social support needs to be made available that entitles TB patients to community-based poverty alleviation schemes. This would enhance access to treatment and

address social and economic barriers to TB elimination.

The region has seen good implementation of DOTS - the directly observed treatment, short course, which has resulted in relatively low multidrug resistance among newly detected TB cases. However, due to the large number of the total TB cases, the Region accounts for a third of the world's multidrug-resistant TB (MDR-TB) cases - 40335 MDR-TB cases reported among the regional 89, 000 estimated cases in 2013.

A comprehensive package of TB-HIV interventions is available in the Region. Intensified case-finding is steadily increasing at integrated TB-HIV counselling, testing and care centres. India, Indonesia, Myanmar and Thailand - the high-burden countries for HIV - have strong TB-HIV referral and integrated management mechanisms.

But more needs to be done. The battle against TB cannot be won until we address the underlying social determinants of poverty, sanitation and nutrition. We need to aggressively scale up efforts to meet TB elimination targets. Between 2015 and 2035, global targets are to reduce TB deaths by 95 percent, cut new cases by 90% and to ensure that no family is burdened with catastrophic expenses due to TB.