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## Anchored in human rights : Issues and Ramification with TB Surveillance Programme

### Context:-

- Decades of global neglect have resulted in tuberculosis (TB) becoming the leading cause of adult deaths in most of the global south
  - It kills nearly two million people a year. This is shocking given that TB is curable and preventable.
- But there are signs of change as the spotlight shines on TB; including the United Nations Declaration of September 2018 titled “United to End Tuberculosis: An Urgent Global Response to a Global Epidemic”, where heads of state and government have “reaffirmed their commitment to end the global TB epidemic by 2030”.

### Human Right issues with TB Surveillance Programme:-

- To surveillance and monitoring the TB patients policy makers are using intrusive technology rooted in control and coercion, which undermine human dignity of TB patients and lost human touch with them.
  - A plan in India is to implant microchips in people in order to track them and ensure they complete TB treatment.

- There are also seemingly endless technological tweaks to the Directly Observed Treatment, short course (DOTS strategy), which requires patients to report every day to a health authority, who watches them swallow their tablets.
- Now, governments use, or plan to soon use, a strategy of video, tablets, phones and drones to carry the old DOTS strategy into the technology era.

**What should be the Right Approach:-**

- To beat TB effectively and efficiently policy makers should used an approach anchored in human rights.
- Such an approach focuses on creating health systems that foster trust, partnership and dignity.
- This approach regards people with TB not as subjects to be controlled but as people to be partnered with.
- It assumes that people with TB have dignity, intelligence and empathy that motivate them to act in the best interests of themselves and their communities when empowered to do so.
- Funding for intrusive surveillance technology can be redirected in following programme
- **Increase the supply of bedaquiline and delamanid against drug-resistant TB-** To date, only about 30,000 people have received the new drugs; compare this to the over 500,000 people who get sick with drug-resistant TB every year.

- These new TB drugs have come to the market in 50 years and are far more effective against drug-resistant TB than prevailing treatments made up of toxic drugs and painful injections that only work about half the time and often cause disability and psychosis.
  - New guidelines by the World Health Organization (WHO recommend) the use of bedaquiline and delamanid against drug-resistant TB.
  - We should adhere the goal of providing these drugs instead of spending fund and energy for intrusive surveillance technology.
  - For this, International institutions, donors and countries need to focus and collaborate on the urgent production and distribution of affordable generics of bedaquiline and delamanid.
  - Meanwhile, we must escalate from all levels pressure on companies such as Johnson and Johnson and Otsuka to drop their prices to a dollar a day for each medication so that their exorbitant prices no longer exclude the vast majority of people from accessing the drugs.
- **Response to TB Patients with Human Touch by Utilizing Community Health Care Workers-** Many domestic TB policies envision community health-care workers as the backbone of the response, yet, in practice, these front-line workers remain underused.

- These frontline health care workers should be numbers equipped with proper training and dignified conditions of employment so that they would lead the response by bringing care to those furthest from the reach of traditional health-care systems.
- Such programmes would also benefit of employing millions of people.
- **Accountability of Health Care Systems through Community Based Structure-** The TB response can only be as good as the health-care systems through which it is implemented, and health-care systems are only as good as the structures that hold them to account.
  - Community-based structures such as **“clinic committees”** ensure accountability while also fostering partnership and trust between communities and their health-care systems.
  - Grassroots civil society and community-based organisations also ensure accountability.

**Way Ahead:-**

- People with TB do not need to be watched, they need to be heard with dignity.
- Health policies should involves partnership with communities to employ human-rights based strategies to beat TB.

**THANK YOU**

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