

EDITORIAL

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TUBERCULOSIS IN 2006: WHERE ARE WE ?

Tuberculosis is the leading infectious cause of death worldwide, being responsible for 4 millions deaths annually. Among those aged over 5 years tuberculosis kills more people than AIDS, Malaria and all other tropical diseases combined but tragedy of this situation is that treating TB is one of the most effective and cost effective of all health interventions. 98% of deaths from tuberculosis occur in the poor developing countries so serious was the global threat of tuberculosis that in 1993 WHO declared this disease a global emergency Pakistan has a very high prevalence 177/100000, ranked 6th in the world.

Pakistan consists of four provinces (Balochistan, NWFP, Punjab, Sindh), besides some federally controlled areas (Northern Areas) and the states of Azad Jammu and Kashmir. Each Province is divided into districts, which are the main administrative unit with an average population of more than one million. The federal government has constituted a third tier of district governments effective from August 14, 2001 and has devolved authority and responsibility to the district governments for all public activities, including health care services. Developed set up would provide an opportunity to increase intra-sectoral and inter-sectoral coordination among different health programmes/ components and various sectors at the district level. However, because devolution is still in its early stage districts have not yet developed the necessary capacity to deliver care and community health services need to be strengthened more. Pakistan adopted the DOTS strategy in 1995 and started DOTS demonstration activities in some areas. DOTS expansion began in earnest after 2000 when the government rehabilitated provincial TB programmes through the World Bank's Social Action programme project II (SAPP II), a social sector-wide project that includes health. DOTS is continuing to expand. The government of Pakistan issued the Islamabad Declaration to announce TB as a national emergency in March 2001 in an effort to gain support for NTP activities. In 2002 Pakistan made steady progress toward achieving the objectives laid out in their strategic plan, which encompasses interagency and intersectoral coordination.

Unlike many countries of the world the situation has not been improving DOTS coverage is rapidly increasing throughout the country but the challenges ahead are increasing. Lack of education and lack of awareness about the disease are major problems. People come from very far areas where DOTS implements is not there. There are also social, cultural and ethnic factors. MDR Tuberculosis, TB & HIV are emerging threats. DOTS strategy is good but increasing the case finding, involvement of private sector, and effective support of the teaching hospitals and professional societies are needed. Tertiary care hospitals can provide specialized health services for complicated TB cases if there is strong referral system in the periphery. In spite of availabilities of highly effective treatment the principal cause of failed disease control is non compliance for which patient is usually blamed but which is usually the fault of the treating doctors.

TB is said to be a disease caused by poverty, crowded living conditions and absence of native resistance. The quality of diagnosis should be improved community participating in the key factor in effective implementation of any programme involvement of private practitioners and community

leaders is must. Special strategies should be designed to cover the socially vulnerable group i.e. females to make effective use of DOTS programme.

Unlike many countries of the world the situation has not been improving and at the global level we are still in no position. Each country knows its own limitations best when it comes to control a disease. The problem is that the control of the disease will be not be achieved by medical advances alone unless there is global political willingness to address the gross in equities of wealth and health care provision in societies as the director of the WHO global TB programme has stated *THE GROWING TB EPIDEMIC IS NO LONGER AN EMERGENCY ONLY FOR THOSE WHO CARE ABOUT HEALTH BUT FOR THOSE WHO CARE ABOUT JUSTICE.*

Twelve references are available on request.

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