

MDRTB in India

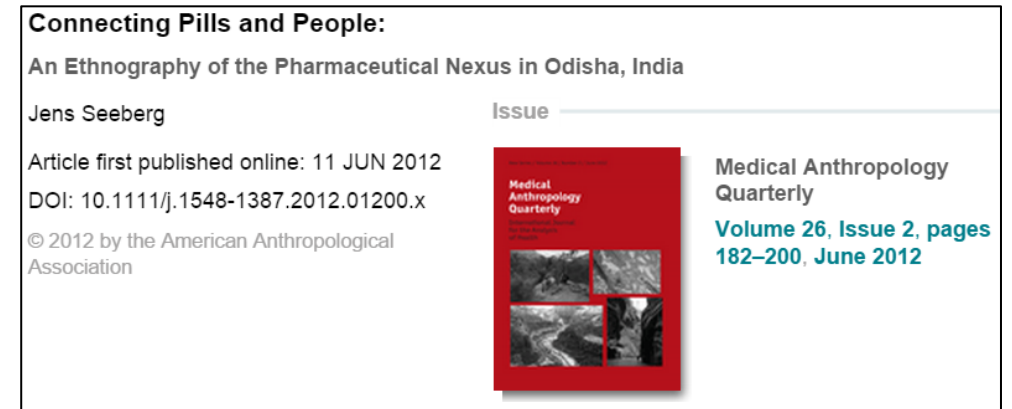
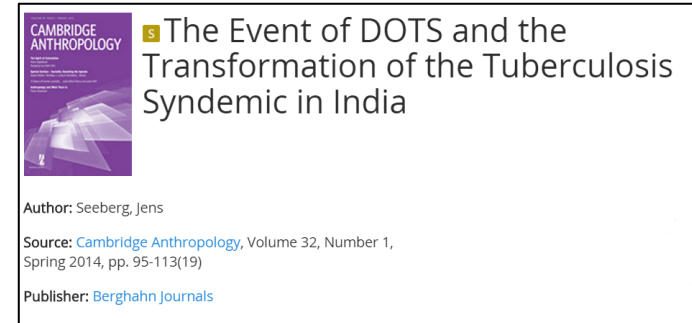
Anthropological perspectives

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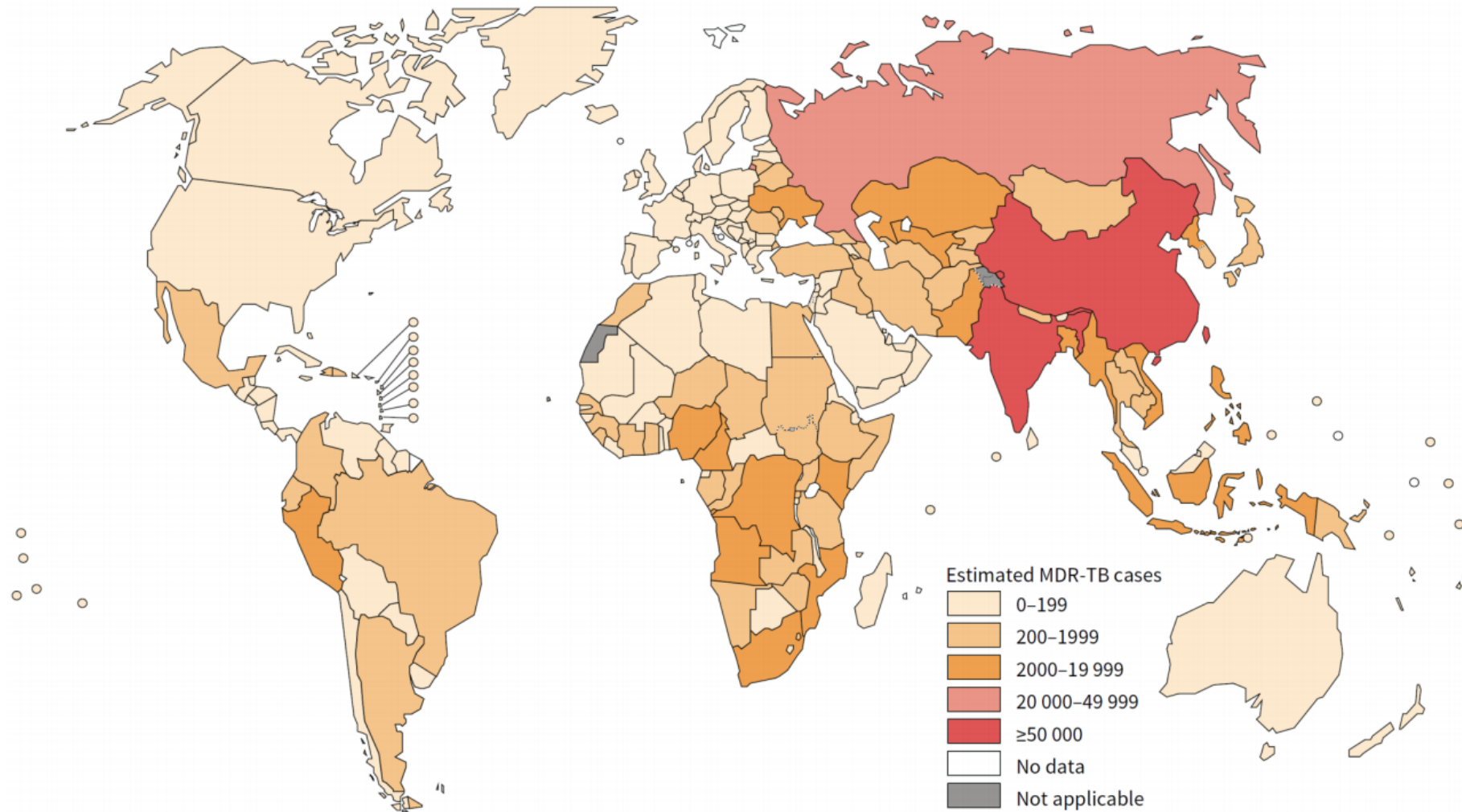
iDRESS-meeting 9 January 2015

Background for current work on MDRTB

- Work as Health Systems Research Advisor in Danida-supported TB control project in Odisha in India 2003-5
- Director of project on utilization of (primary and secondary) private healthcare among people living in poor urban neighbourhoods in four cities in India, Indonesia and Thailand 2004-8



MDR-TB cases estimated to occur among notified pulmonary TB cases, 2013



300 000



cases of MDR-TB estimated among TB patients reported by
national TB programmes in 2013

136 000



patients eligible for MDR-TB treatment

(136 000 out of 300 000) were detected and reported in 2013

97 000



people with TB were started on second-line treatment for
MDR-TB in 2013, leaving many patients on waiting lists
for treatment

48%

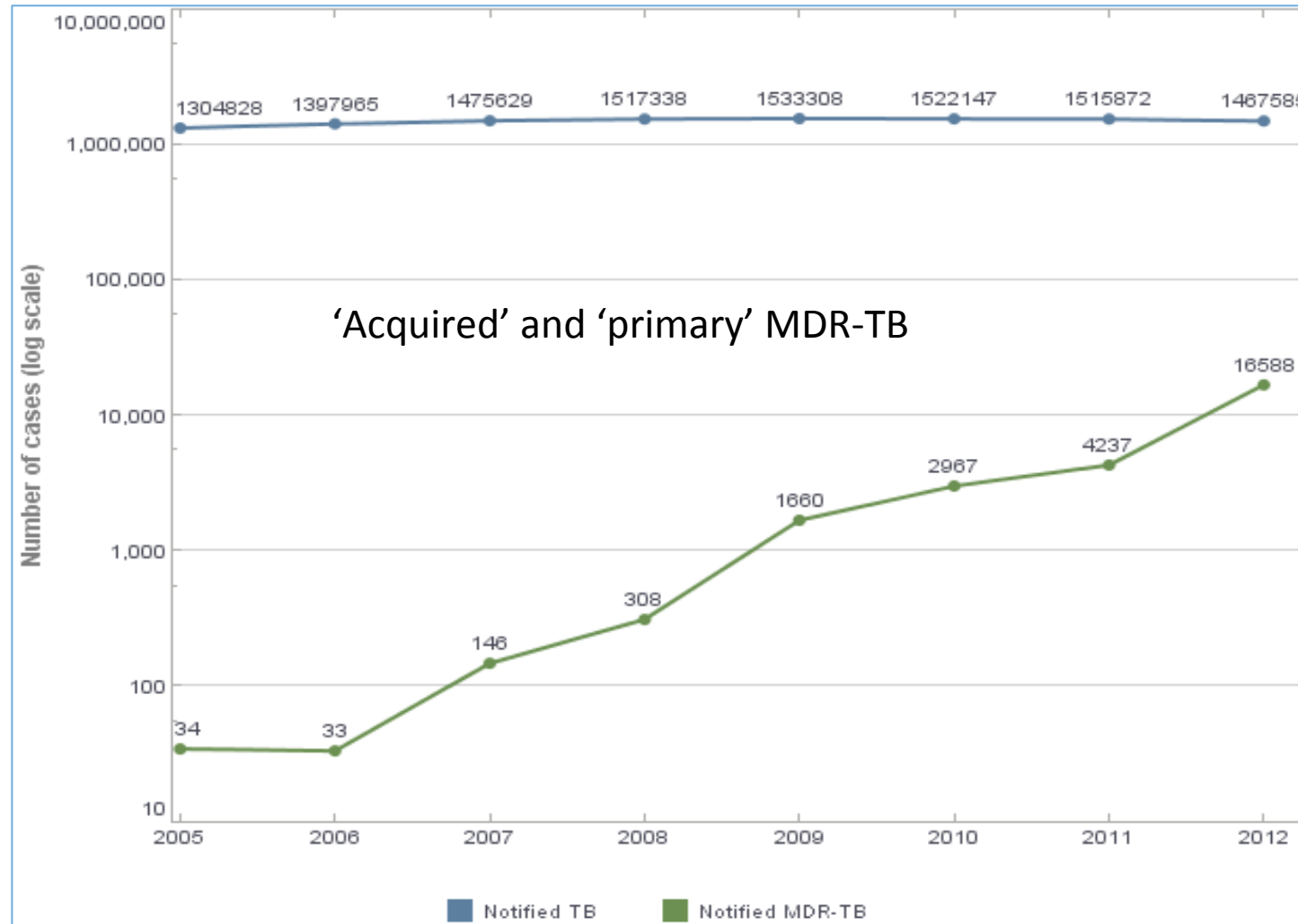


of MDR-TB patients globally had a successful
treatment outcome

Five out of the 27 high MDR-TB countries achieved
a treatment success rate of $\geq 70\%$

**...meaning that 16% of
the estimated MDRTB
patients could be
treated in 2013**

Trends for notified TB and MDR-TB cases in India



BUT: For 2013, WHO estimates that there are 61,000 new MDRTB cases in India among notified pulmonary TB cases alone

Research orientations: 1 – private sector

Analysis of Private healthcare sector in 00s, using Odisha as a case.

Conclusions:

- Unregulated and highly competitive private sector market driven by pharma industry undermines medical rationale for drug use.
- Primary motive for treatment is profit, not health.

2.6% (37 166/1 410 880).³ This figure also highlights the private sector's dismal record of involvement in TB control program activities. Given the current heavy burden of multidrug-resistant tuberculosis (MDR-TB) in India, it is important to understand where and how anti-tuberculosis medicines are being used in the private sector, outside the RNTCP.

A case study of Lupin Pharmaceuticals, a major supplier of anti-tuberculosis medicines in India, has indicated that pharmaceutical companies and their representatives play a strong role in the marketing and promotion of anti-tuberculosis drugs in the private sector.² An ethnographic study in India's Orissa State based on 'actor-network' theory describes a network of pharmaceutical sector, private practitioners and chemists and how the pharmaceutical industry exploited weak links in the health system to push drugs aggressively through pharmacists or chemists and sometimes even through illegal channels.⁴ These studies highlight that a symbiotic relationship exists among the different actors in the network. as stated above. However, there may at

Research orientations: 2 – DOTS from patient perspective

- Analysing case of TB patient who died (Shankar Pradhan). NB: resistance status unknown!
- His trajectory exposes a long series of weak links in RNTCP and in DOTS in general
- Currently working on a detailed mapping of the micro-level elements of programme failure reflected in Shankar's case
- Intention to discuss these in relation to the latest 'End TB' strategy, recently launched by WHO: What lessons have been included in this new strategy, and what lessons have been ignored?



Research orientations: 3 – MDRTB from the perspective of bacteria

- What do we learn if we turn things around and consider the world from the perspective of *Mycobacteria tuberculosis*?
 - Treatment may be considered the epidemic, and concepts such as exposure and immunity are foregrounded
 - Understanding the role of phages and inter-bacteria communication
 - Working around the imperative of increased access in spite of insufficient health systems
 - The political economy of *Mycobacteria tuberculosis*



Collaborative perspectives

- Linking anthropological exploration of treatment trajectories of TB cases with microbiology, incl. MDRTB testing (e.g. India, Nepal); + epidemiological component (main hurdle may not be funding but research permit, we'd need strong Indian partners)
- Linking, in similar ways, studies of e.g. MRSA in Denmark/Europe...