

# Ending the Tuberculosis Epidemic: Necessity to Bridge the Existing Gaps

Dear Editor,

Tuberculosis (TB) is the most common infectious cause of death and is one among the first ten causes of deaths due to any reason across the globe.<sup>[1,2]</sup> It is also the most common cause of death attributed to antimicrobial resistance and among people living with human immunodeficiency virus (HIV) infection.<sup>[1]</sup> The available global estimates for the year 2016 depict that in excess of 10 million new cases were detected (including 1 million children), while >1.6 million people lost their lives, of which >95% deaths were reported in developing nations.<sup>[1,3]</sup> Further, 0.49 million cases of multidrug-resistant TB (MDR-TB) were also detected worldwide, which is again an alarming estimate for the health stakeholders to ponder.<sup>[2,3]</sup>

Considering the magnitude of the disease, its global distribution, preponderance to affect poor and malnourished people, and the availability of effective first-line drugs, the global leaders have set the target to end the epidemic by 2030.<sup>[1,4]</sup> Even though, due to the consistent efforts of the health workers and implementation of effective strategies, the lives of >50 million people have been saved since the start of the century, the incidence of disease is decreasing at about 2% each year, instead of the expected 5%.<sup>[3]</sup> This clearly reflects that the observed progress is not good enough to ensure that set global targets can be successfully achieved.<sup>[1,3]</sup>

In other words, despite the commitment of national leaders to end the epidemic, actions and investments are not in accordance with the desired inputs.<sup>[3]</sup> The analysis of the situation has led to the identification of multiple gaps, which have to be addressed soon.<sup>[3]</sup> The gaps include underdetection and underreporting, especially in nations with unregulated private sector or weak health-care delivery system.<sup>[1]</sup> In fact, almost 40% of the estimated cases in the year 2016 were not notified to the health authorities.<sup>[3]</sup> Furthermore, only 20% of the MDR-TB cases were initiated on treatment, and the treatment success for the same is little above 50%.<sup>[3]</sup> Further, despite the guideline to put all HIV-TB coinfecting patients on antiretroviral therapy, 15% were not initiated.<sup>[1,3]</sup>

In addition, the chemoprophylaxis for the disease has been recommended for HIV patients and under-five children, but in reality, most of the eligible people are not availing the same.<sup>[3]</sup> Finally, there is a significant shortage in the financial support to carry out essential disease-related prevention and control activities, and both middle- and low-income nations are paying the price for less financial support.<sup>[2,3]</sup> In order to have an effective response against the disease, there is a need to have sustained political action and efforts should be taken to ensure that quality-assured services are accessible to the people who are in maximum need of the same.<sup>[2,4]</sup> Moreover, investments are required in the field of disease-related research

activities, and health stakeholders should adopt all innovative strategies to improve the existing situation.<sup>[4]</sup>

To conclude, despite making major strides in the field of diagnosis and treatment of TB, there is still a lot needs to be done to improve the reach of the services.

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## Conflicts of interest

There are no conflicts of interest.

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