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It's
TIME
TO END TB IN PAKISTAN

**REPORT ON WORLD TB DAY 2020
AND ITS RELEVANCE IN THE
CONTEXT OF PAKISTAN**



**ORGANIZED BY: DOPASI ORGANIZATION FOR SUSTAINABLE
DEVELOPMENT IN COLLABORATION WITH THE NATIONAL TB
CONTROL PROGRAM, PAKISTAN**

ACKNOWLEDGEMENTS

The National Tuberculosis Control Program avails the opportunity to express its gratitude and appreciation to all those who participated in drawing up this slim but comprehensive report at a time when the country is in the grip of the COVID-19 pandemic and the routine work of the entire country has almost come to a standstill. Like everything else, World TB Day 2020 was also observed virtually. This report not only summarizes all the activities and newspaper reports in the national context, it also analyses the position where we are vis-à-vis the control and elimination of Tuberculosis. In this context, I would like to highly appreciate the kind guidance and support received from Dr. Zafar Ullah Mirza, Special Assistant to the Prime Minister on Health, Dr. Nausheen Hamid the Parliamentary Secretary for Health, Dr. Tanveer Ahmed Qureshi Secretary for Health, Dr Syed Karam Shah Adviser to the SAPM on Tuberculosis, Dr. Malik M. Safi, Director General Health, Dr Rana M. Safdar National Coordinator for AIDS, TB and Malaria and Dr Sajid Ahmed Coordinator CCM Pakistan.



We also acknowledge the technical and material support of our development partners. I would like to specifically like to mention Dr. Lucica Ditiu Executive Director of the STOP TB Partnership for her tireless advocacy, Dr Werner Buehler Country Portfolio Manager for The Global Fund, and Dr. Khawaja Laeeq Ahmed National Professional Officer WHO Pakistan, Dr Abdul Ghafoor MDR-TB Adviser USAID and Dr. Farah Naureen Country Director Mercy Corps Pakistan. As the National TB Control Program is currently devoid of its advocacy and social mobilization cell, we are grateful to Syed Azher Karam and Ms. Kinz ul Eman of the Dopasi Foundation for having taken up the challenge on a purely voluntary basis and carried out all activities as nicely as practicable under the circumstances. My enormous thanks also go out to Dr Ghulam Nabi Kazi and the whole DOPASI team for having edited this report and capturing all the significant issues. The Stop TB Ambassadors engaged this year namely including legends such as Ms. Kanwal Naseer and Mr. Farooq Qaiser (popularly known as Uncle Sargam) in addition to a budding star Mr. Imran Abbas, along with the media team of Umar Asif Photography they all acquitted themselves extremely well in fostering awareness regarding Tuberculosis and its prevention through public service messages on World TB Day 2020. They also brought out the commonalities between Tuberculosis and COVID-19 prevention. Lastly, I would offer my gratitude to my senior NTP colleagues Dr Hussain Hadi and Dr Basharat Javed for their consistent support throughout the process. On behalf of the Ministry of National Health Services, Regulation and Coordination, Government of Pakistan, I highly value and commend the contributions of all the personalities mentioned in the foregoing lines.

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I. INTRODUCTION

1.1 World TB Day:

Each year, we commemorate World Tuberculosis (TB) Day on March 24 to raise public awareness about the devastating health, social and economic consequences of TB, and to step up efforts to end the global TB epidemic. Tuberculosis or TB is the leading cause of death among infectious diseases and among the top 10 causes of death globally. It is caused by a bacillus *Mycobacterium tuberculosis*, which usually attacks the lungs but can affect other sites of the body as well. Each day, over 4000 people



Prime Minister Imran Khan with a high level delegation of the Stop TB Partnership and the Global Fund including Dr Lucica Ditiu and Mr. Peter Sands in Islamabad, 2019

lose their lives to TB and close to 30,000 people fall ill with this preventable and curable disease.¹ Around a quarter of the world's population is infected with *M. tuberculosis* commonly known as latent TB infection (LTBI) and thus more at risk of developing TB disease. Most people are sensitive to first line anti-TB drugs and can be cured in six months. Observance of World TB Day 2020 provides yet another opportunity to raise awareness about commitments made by the United Nations and to take forward solutions needed to find, treat, and prevent this devastating disease. This year, unfortunately, due to COVID-19 preventive measures, the event was largely commemorated through print and electronic media.²

The theme of World TB Day 2020 was the same as last year - 'IT'S TIME'. This places emphasis on the urgency to act on the commitments made by global leaders at the September 2018 UNGA-HLM to: scale up access to prevention and treatment; build a multi-sectorial accountability framework; ensure sufficient and sustainable financing including research; promote an end to stigma and discrimination to facilitate an equitable, rights-based and people-centered TB response.³

1.2 National Situation:

Pakistan has the world's 5th highest TB burden, following China, India, Indonesia and the Philippines. While the WHO's Eastern Mediterranean Region accounts for only 8% of the global burden, Pakistan is responsible for 75% of it. However, only 369,000 cases were notified in 2018, indicating that over a third of the cases are missed or not notified by the national system, having grave implications for the further spread of the disease. More ominously the national TB incidence has remained virtually static over the last two decades since the National TB Control Program was established and the disease declared national emergency in 2001. Currently TB is the biggest killer of Pakistan after the causes of neonatal and infant deaths and ischemic heart disease. Moreover, while there are an estimated 28,000 cases of multi-drug resistant (MDR) TB cases not responding to first line TB drugs, and only 11% of them were diagnosed and put on treatment. The case notification in the past year has gone down for the first time since 2001 despite a huge investment from the GF and all its partners.

Pakistan has a huge burden of Tuberculosis, including drug-sensitive and drug resistant and TB-HIV coinfection cases. The country's Founder Governor General M. A. Jinnah was himself a victim of Tuberculosis that hastened his end, allowing him to guide the destiny of the newly created state for only ten months. It has therefore been postulated that Tuberculosis drastically transformed and adversely impacted the course of our national history. Mass BCG campaigns were launched in 1950, making it the first communicable disease control program in the country. Unfortunately, the program never functioned in a sustainable manner and was heavily dependent on donor support. In hindsight, it seems paradoxical that although Tuberculosis kills, or economically shatters hundreds of persons daily in Pakistan, tangible efforts to control this disease along scientific lines are there only since 2001, although we had the life-saving drugs to cure TB, and cost-effective strategies to pursue. However, since then the fight against the disease was both unrelenting and rewarding at the same time at least till 2015.⁴

Currently, Pakistan develops around 580,000 new cases of the disease every year, while over 50,000 die annually due to the disease. Out of these, while roughly 360,000 cases are identified and mostly cured by the national and provincial TB control programs, 220,000 of the cases go missing and infect other persons. The proportion of latent TB infection in Pakistan is estimated at 30-40% in Pakistan. Most of the drug resistant TB cases in the country also go undetected. The last National TB prevalence survey – a colossal undertaking – left us with an incidence of 265 per 100,000 population.³

1.3 World TB Day 2020 Events:

It is important to mention that during October 2019, a high level mission of the Global Fund and the Stop TB Partnership headed by Mr. Peter Sands and Dr Lucica Ditiu called on Prime Minister Imran Khan and his Special Assistant for Health Dr Zafar Mirza and sought their help in eliminating the problem while pursuing the commitments made by all Heads of State at the September 2018 United Nations General Assembly High-Level Meeting on TB calling for a 90% reduction in the number of TB deaths and an 80% reduction in the TB incidence rate has to be achieved by 2030 in relation to the levels in 2015.⁵ The declaration also committed to mobilize sufficient and sustainable financing from all sources for universal access to quality prevention, diagnosis, treatment and care and end the global tuberculosis epidemic by 2030.

This year, the National TB Control Program Pakistan assigned the Dopasi Foundation to coordinate all TB Day related events at national level and we liaised with all partners including the World Health Foundation and others in the pursuit of this mission. As in the rest of the world, the commemoration of the day was somewhat muted this year in order to be compliant with COVID-19 preventive measures. DOPASI Foundation organized a series of awareness raising events to commemorate this day in Pakistan in order advocate for actions to End-TB in Pakistan. These events were also captured by the print media, internet editions of newspapers and cable TV channels.

List of the main activities conducted is as follows:

1. Pre-Mobilization through a Curtain Raiser Articles a week before the World TB Day
2. Radio and TV Talk Shows
3. Release of World TB Day video messages of Special Assistant to Prime Minister Dr Zafar Mirza | Parliamentary Secretary for Health Dr Nausheen Hamid | National TB Control Program Manager Dr Aurangzaib Quadir | Dr Lucica Ditiu | TB survivor Mr. Yasir Mehmood | and Public Health Expert and Senior Advisor of Dopasi Foundation Dr. Ghulam Nabi Kazi on social media
4. Celebrity Engagement to spread awareness on Social Media
5. Red illumination of building of Ministry of National Health Services

A brief resume of these activities is given below with a few captured glimpses.

1. Newspaper Articles:

Senior Adviser of DOPASI Foundation Dr. Ghulam Nabi Kazi wrote elaborate articles as a curtain raiser to TB as silent pandemic and World TB Day in Daily Times on 18th & 24th of March, 2020. Furthermore, Mr. Farooq Qaiser demonstrated TB as a curable disease via a cartoon that was published in Jahan Pakistan newspaper on 24th of March, 2020.

Tuberculosis: the silent pandemic

Tuberculosis or TB is the leading cause of death among infectious diseases and one of the top 10 causes of death globally. It is caused by a bacillus, *Mycobacterium tuberculosis*, which usually attacks the lungs but can affect other sites of the body as well. Around a quarter of the world's population is infected with *Mycobacterium tuberculosis*, commonly known as latent TB infection (LTBI), and thus more at risk of developing TB disease. Most people are sensitive to first line anti-TB drugs and can be cured in six months. However, if TB is not treated it can be fatal.

Certain deprivations of poverty such as overcrowding, poor ventilation, malnutrition, smoking and diabetes constitute the more important risk factors of the disease. Over the years, TB has taken its toll of human suffering and mortality in our national life, its foremost victim was our founder, Governor General Muhammad Ali Jinnah.

However, when we look at the list of men and women who have been affected by the disease, we also find some of the most famous and revered statesmen, monarchs, writers, poets, philosophers, actors and actresses. A select list may include: Robert Burns, Albert Camus, Adam Chekchov, Samuel Johnson, John Keats, Beatrix Potter, Anne, Emily and Charlotte, D.H. Lawrence, William Somerset Maugham, Eugene O'Neill, George Orwell, Alexander Pope, Jean-Jacques Rousseau, John Ruskin, Sir Walter Scott, Robert Louis Stevenson, Henry David Thoreau, Voltaire, Thomas Wolfe, Vivien Leigh, Andrew Jackson, Edward VI, Henry VIII of England, Charles IX, Louis XIII, Louis XVI of France, Khalil Gibran, Nelson Mandela, Napoleon III of France, Eleanor Roosevelt, Desmond Tutu, Samuel Arnold, Alexander Graham Bell, Sarah Bernhardt, Tom Jones, Immanuel Kant, Florence Nightingale, Ringo Starr of The Beatles, Ho Chi Minh, and the wife and mother of two Indian prime ministers, Kamala Nehru.

Each year, the World TB Day is observed on March 24 to commemorate the date in 1882 when Dr. Robert Koch discovered *Mycobacterium tuberculosis*. The TB years later, over 30,000 people fall ill, while over 4,000 die daily from the disease, despite free diagnostic and treatment facilities, across the world but mostly in developing countries.

The World TB Day hinges around educating the public about the health and socio-economic impact of the disease, share successes in TB prevention and control, and raise awareness of the challenges that hinder progress toward the elimination of this ancient scourge of humankind. The theme of the World TB Day 2020 is "It's TIME"; it signifies the need to urgently accelerate the TB response to save lives and end suffering, building on commitments by heads of states at the 2018 UN High Level meeting on TB.

Just consider that it is time for many end-TB related actions that must be taken in each country-specific context. It may be time to: a) intensify TB awareness among health care providers, b) diagnose and treat latent TB and TB infection through early case detection and treatment, c) highlight personal experiences of



Pakistan develops around 560,000 new cases of TB every year, and over 50,000 TB patients die annually

TB survivors or those undergoing treatment themselves, or through celebrities, d) to end stigma. TB is an ancient disease that has affected people of all backgrounds. TB is nothing to be ashamed of, e) to reach out and seek medical care or follow-up care for TB by taking any of those actions, wherever we are, we will be contributing to TB elimination across the globe.

Globally, an estimated 10.0 million people fall ill with TB every year. The burden of disease varies enormously among countries, from fewer than five to more than 500 new cases per 100,000 population per year, with the global average being around 130. The disease generally affects more men but has more devastating social consequences for women. Children under the age of 15 years account for about 11 percent of the cases. Eight countries including Pakistan account for two thirds of the total global cases: India (27 percent), China (9), Indonesia (8), the Philippines (6), Pakistan (6), Nigeria (4), Bangladesh (4) and South Africa (3). Drug-resistant TB is fueling the TB epidemic with around half a million new cases resistant to Rifampicin or other first line TB drugs.

Pakistan develops around 560,000 new cases of TB every year, and over 50,000 TB patients die annually. Out of these, roughly 360,000 cases are identified and mostly cured by the national and provincial TB control programmes, and 200,000 of the cases go missing and infect other persons. The proportion of latent TB infection in Pakistan is estimated at 30-40 percent in Pakistan. Most of the drug resistant TB cases in the country also go undetected.

In view of this grave situation, the United Nations held its first-ever high-level meeting on TB at the level of heads of state and government, to deliberate on ways and means to end the TB epidemic. The meeting led to a political declaration agreed upon by all UN Member States, reaffirming the Sustainable Development Goals (SDGs) and WHO's End

TB Strategy while defining milestones for 2020, 2025, 2030 and 2035 in terms of concrete reductions in TB cases and deaths. Essentially by 2030, a 90 percent reduction in the number of TB deaths and an 80 percent reduction in the TB incidence rate has to be achieved in relation to the levels in 2015.

The political declaration included four new global targets encompassing: Treating 40 million people for TB disease in the 5-year period 2018-2022; reaching at least 30 million people with TB preventive treatment for a latent TB infection in the same corresponding 5-year period; mobilize at least US\$11 billion annually for universal access to TB diagnosis, treatment and care by 2022; and mobilize at least US\$2 billion annually for TB research.

The director-general of WHO was requested to continue to develop a multilateral accountability framework for TB (MAF-TB) and to ensure its timely implementation.

Last year, while the World TB Day was observed with tremendous fanfare, the peak of all the events was a national seminar to mark the launch of the TB Free Initiative in Pakistan; it was held at the Presidency, headed over by His Excellency, President of Pakistan Dr. Arif Alvi, on April 3, 2019.

Other events included several seminars and lantern ceremony, projecting TB care as an inalienable human right with the help of Stop TB Ambassadors, celebrities Shania Saeed and Sarmad Khoosat, human rights activist Tahira Abdullatif, and Pakistan Television legend Kamal Nawaz.

This year, unfortunately, due to COVID-19 preventive measures, the event will be largely commemorated through print and electronic media. However, while the world goes through another pandemic, it should by no means forget another silent and deadly one, which kills over 4,000 people every day and needs to be eliminated at all costs by all resources at our disposal.

World TB Day observed in somewhat low-key manner due to COVID-19 epidemic



Staff Reporter

ISLAMABAD: World TB Day was observed yesterday in a somewhat low-key manner due to the COVID-19 epidemic. It may be mentioned that Tuberculosis is the leading cause of death among infectious diseases and among the top 10 causes of death globally. Each year, World TB Day is observed on March 24 to commemorate the date in 1882 when Dr. Robert Koch discovered *Mycobacterium tuberculosis*. However, 138 years later, over 50,000 people fall ill while over 4,000 die daily from the disease across the world, mostly in developing countries.

World TB Day hinges around educating the public about the health and socio-economic impact of the disease, share successes in TB prevention and control and raise awareness of the challenges that hinder progress toward the elimination of this ancient scourge of humankind.

The theme of World TB Day 2020 is "It's TIME"; signifying the need to urgently accelerate the TB response to save lives and end suffering, building on commitments by Heads of State at the 2018 UN High-Level Meeting on TB. Globally, an estimated 10.0 million people fall ill with TB every year. The burden of disease varies enormously among countries, however, the disease generally affects more men but has more devastating social consequences for women. Pakistan accounts for six (6%) percent of the global TB burden.

The country develops around 560,000 new cases of the disease every year, while over 50,000 cases die annually. Out of these, while roughly 360,000 cases are identified and mostly cured by the national and provincial TB control programmes, 200,000 of the cases go missing and infect other persons. The proportion of latent TB infection without symptoms in Pakistan is estimated at 30-40% of the overall population. Most of the drug resistant TB cases in the country also go undetected.

In view of this grave situation, the United Nations (UN) held its first-ever high-level meeting on TB at the level of heads of state and government, to deliberate on ways and means to end the TB epidemic. The meeting led to a political declaration agreed by all UN Member States, reaffirming the Sustainable Development Goals (SDGs) and WHO's End TB Strategy while defining milestones for 2020, 2025, 2030 and 2035.

Essentially by 2030, a 90% reduction in the number of TB deaths and an 80% reduction in the TB incidence rate has to be achieved in relation to the levels in 2015. Foreign Minister Shah Mahmood Qureshi reiterated Pakistan's commitment to fulfil its international obligations vis-à-vis TB elimination in the stipulated timeframe.

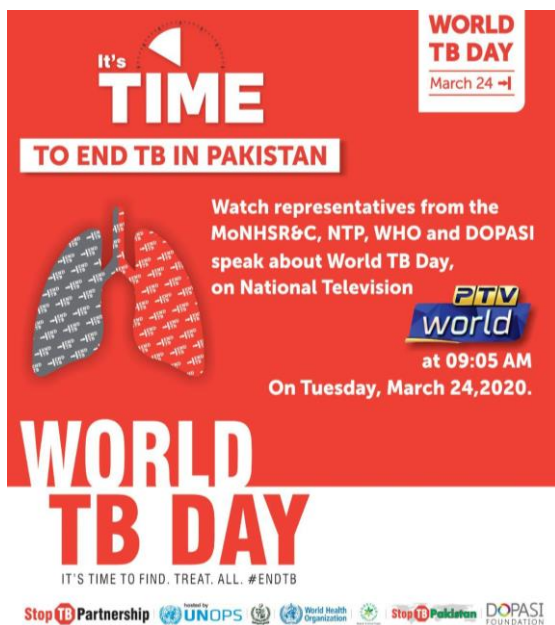
Last year the World TB Day was observed with tremendous fanfare culminating with a National Seminar to mark the launch of the TB Free Initiative in Pakistan presided over by the President Dr Arif Alvi on April 3, 2019.

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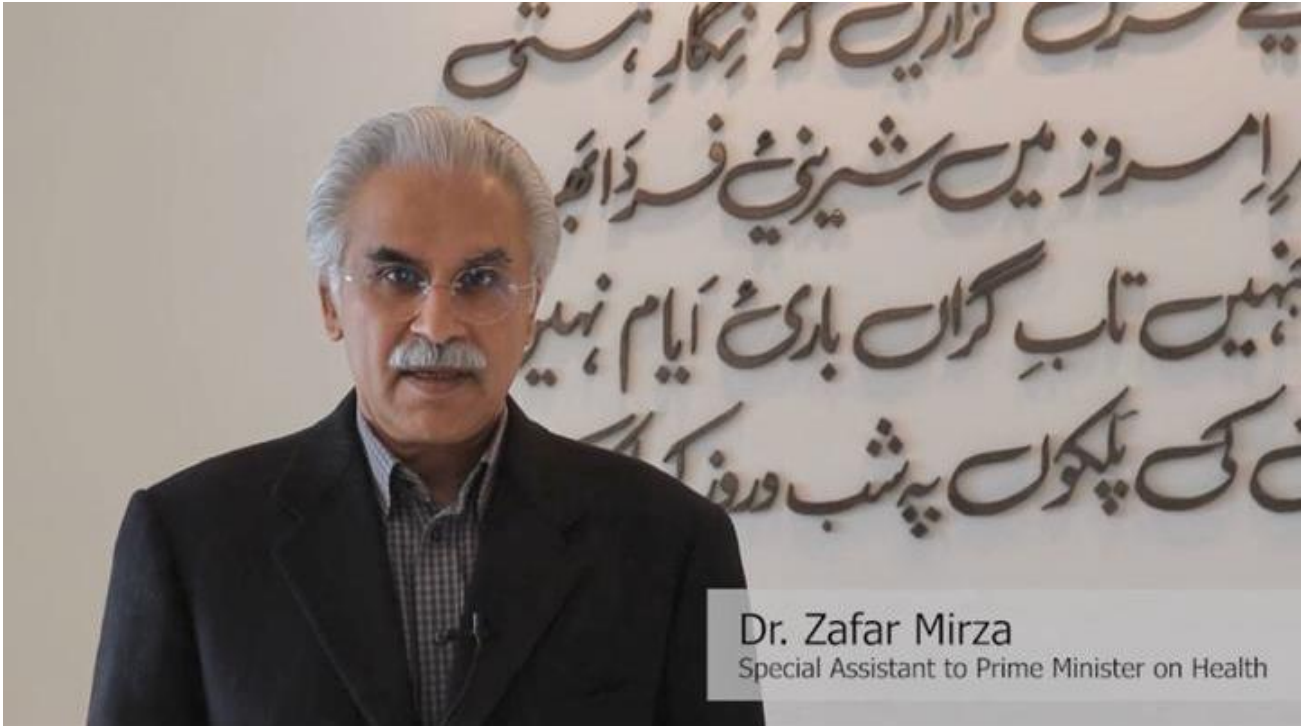
2. TV / Radio Talk Shows:

The Ministry of National Health Services, Regulation and Coordination, the National TB Control Program and Dopasi Foundation organized a social media campaign including messages from several dignitaries including the Special Assistant to the Prime Minister for Health Dr Zafar Mirza, the Parliamentary Secretary for Health Dr Nausheen Hamid, WHO Country Representative Dr Palitha Gunarathna Mahipala, and TB survivors. We also organized TV and Radio Talk shows for commemorating the World TB Day 2020 virtually but effectively.



3. Video Messages release on Social Media

Video messages of several dignitaries including Special Assistant to Prime Minister Dr Zafar Mirza, Parliamentary Secretary for Health Dr Nausheen Hamid, National TB Control Program Manager Dr Aurangzaib Quadir, Dr Lucica Ditiu, TB survivor Mr. Yasir Mehmood, Public Health Expert and Senior Advisor of Dopasi Foundation Dr. Ghulam Nabi Kazi were shared on social media. In his message, the Special Assistant to Prime Minister Dr Zafar Mirza conveyed the determination of the Government of Pakistan to raise TB control and elimination from its present unsatisfactory level and take effective measures to totally eliminate the disease. He mentioned the desire of the Prime Minister as well to make TB elimination a high priority for the government. In her message on the occasion, the Parliamentary Secretary for Health Dr Nausheen Hamid called for bridging the gap in the numbers of missing TB cases and called upon the general public to avail the free diagnostic and treatment facilities established by the Government of Pakistan and provincial governments on manifesting any symptoms of the disease. The Adviser for TB to the SAPM for Health Dr Syed Karam Shah expressed similar sentiments and called for bridging the monetary gap in financing the National Strategic Plan for the program on an emergent basis. The National TB Control Program Manager Dr Aurangzaib Quadir assured that the program is engaged in expanding its facilities with the robust public-private partnership with close participation of civil society, media, technical and developmental partners and the general public as a whole to ensure the timely attainment of all our national objectives in this regard. Similar awareness TB messages were advocated by Dr Lucica Ditiu, Dr. Ghulam Nabi Kazi and the TB survivor Mr. Yasir Mehmood.







4. Celebrity Engagement to spread awareness on Social Media

The Dopasi Foundation brought about the engagement of celebrities, renowned legendary media personalities like Ms. Kanwal Naseer, Mr. Farooq Qaiser (of Uncle Sargam fame) and currently a popular play actor Mr. Imran Abbas in drawing up public service messages and carrying out advocacy in an appealing manner on the occasion.





5. Illuminated the Block of Ministry of National Health Services, Regulation & Coordination in Red

We also arranged the entire Kohsar Block of the Pakistan Secretariat housing the MoNHRSC and several other ministries to be floodlit with red colour to demonstrate solidarity with the people suffering with Tuberculosis, while highlighting the need for physical distancing and social solidarity with persons suffering from all communicable or non-communicable diseases who are more at risk for contracting COVID-19.



The Building of Ministry of National Health Services, Regulation and Coordination, Islamabad, was illuminated in red on 24th of March, 2020 (World TB Day)



1.4 Video Links of World TB Day 2020 Events:

Video links to the public message services are available here:

- | | |
|--|--|
| 1. Special Assistant to the Prime Minister: | <u>Dr. Zafar Mirza.mp4</u> |
| 2. Executive Director, Stop TB Partnership: | <u>Dr. Lucica Ditiu.mp4</u> |
| 3. Parliamentary Secretary for Health: | <u>Dr. Nausheen Hamid.mp4</u> |
| 4. WHO Representative in Pakistan: | Dr Palitha Gunarathna Mahipala ⁶ |
| 5. TB Adviser to SAPM for Health: | <u>Dr. Syed Karam Shah.mp4</u> |
| 6. National TB Control Program Manager: | <u>Dr. Aurangzaib Quadir.mp4</u> |
| 7. Senior Adviser Dopasi Foundation: | <u>Dr. Ghulam Nabi Kazi.mp4</u> |
| 8. Celebrity | Mr. <u>Imran Abbas.mp4</u> |
| 9. Celebrities Ms Kanwal Naseer & Mr Farooq Qaiser | <u>Ms. Kanwal Naseer.mp4</u> |
| 10. Dialogue | <u>Uncle Sargam & Ms. Kanwal Naseer- COVID19.mp4</u> |
| 11. Celebrity Mr. Farooq Qaiser: | <u>Uncle Sargam-TB.mp4</u> |
| 12. A TB Survivor (anonymity maintained): | <u>TB Survivor.mp4</u> |

II. DISCUSSION ON THE COUNTRY SITUATION WITH REGARD TO TB CONTROL MEASURES

2.1 Historical Background:

By 2005, the diagnostic and treatment facilities were established in all eligible public sector health facilities and were offered free of cost along with a significant amount of social mobilization. In April 2004, the WHO Inter-Country meeting of National Tuberculosis Control Program Managers arranged by WHO-EMRO was held in Lahore, indicating that Pakistan had come a long way. That was the finest hour of TB Control in Pakistan. Thereafter the program moved at a satisfactory pace and developed with greater diagnostic and treatment facilities including the rampant use of GeneXpert – a molecular test for TB reducing the reliance on sputum smear microscopy by a great deal. Mobile Cad4TB Vans equipped with software that can automatically analyze chest radiographs for signs of tuberculosis and identify presumptive cases.

The latest technology provided by the Stop TB Partnership is in the shape of Fuji-Xair technology, a handheld device armed with artificial intelligence, will be used for active case finding in coal miners and their associated communities in several parts of Pakistan. Founded in 2001, the Stop TB Partnership headed by its dynamic Executive Director Dr Lucica Ditiu, has harnessed over 1700 partners in transforming the fight against TB in over 100 countries. A cornerstone of the Partnership's mission is to ensure that every TB patient has access to effective diagnosis, treatment and cure. TB-REACH initiative provide TB care services to marginalized populations at their doorsteps through active case finding. Dopasi Foundation is furthering the objectives of the Stop TB Partnership in Pakistan by emphasizing on the need for providing TB Care as a basic human right.⁷

The national and provincial mechanisms for TB control are engaged in a gigantic effort encompassing strengthening of health facilities, the laboratory network, rapid diagnostic technologies, and generally increasing access for TB control services through organizing public – private mix and other endeavours. The TB treatment success rate in Pakistan has been consistently exceeding 90% since the past few years.⁵

2.2 TB Care as a Human Right for Marginalized Population Segments:

Two concrete and laudable instances of TB care for vulnerable populations and ensuring their basic human rights have been undertaken in Pakistan with the help TB REACH program of the Geneva-based Stop TB Partnership. The first was TB screening in jails by the Provincial TB Control Program

Punjab primarily in the prisons of the province. During 2013 onwards, more than 200,000 prisoners were screened and if diagnosed with Tuberculosis were put on treatment, with the due preventive care established for the remaining inmates. Moreover, new prisoners and the prisoners released from the jails were also examined for diagnosing TB to pre-empt the disease attacking other inmates. The other project involving human rights is currently ongoing for the highly vulnerable group of coal miners where miners from 5 coal mining districts of Balochistan, including Quetta, Harnai, Ziarat, Duki, and Bolan have been actively screened for Tuberculosis by the Dopasi Foundation in close association with the Provincial TB Control Program Balochistan, and the provincial Departments of Health and Mines and Minerals (M&M). The program is now being expanded to other provinces, particularly certain districts of Khyber Pakhtunkhwa province which produce 80% of the coal miners of Pakistan. The project primarily involves carrying out a prevalence survey of TB in coalminers and their associated communities in Pakistan by screening close to 300,000 persons, providing them better diagnostic and treatment facilities with active follow-up of the diagnosed cases.⁴

2.3 The Imperative of Governmental Commitment:

During a meeting held in January 2020, the Special Assistant to Prime Minister for Health and Population Dr Zafar Mirza reiterated that TB Control was very high on the list of priorities of the Government of Pakistan and personally he was very much interested to see it flourish. He assured all out efforts for improved governance at all levels while ensuring that the government rather than donors is calling the shots in TB Control. He mentioned that although the disease was declared a national emergency on March 24, 2001, however, subsequently with enhanced donor funding the government commitment for the program seems to have been lost. He stressed that there was a dire need to regain the previous level of commitment and ownership.

2.4 The Union's Global Implementation Programme launches in Pakistan:

There is a huge nexus between Tuberculosis and Smoking. Smoke free initiatives have been launched all over the country and in most educational institutions and offices. Smoke Free Karachi initiative has been launched during the second week of March 2020 in Pakistan as part of The UNION's Global Implementation Programme – a pilot programme funded by Bloomberg Philanthropies to support cities in four high burden countries including Pakistan to effectively implement their tobacco control laws. The initiative was launched in Karachi on 9th of March 2020 at an event held at the Office of the Commissioner of Karachi in collaboration with the Tobacco Control Cell at the Ministry of National Health Services, Regulations and Coordination (MoNHSRC). On this occasion, The Union applauded the commitment shown by the Commissioner and the Karachi administration in ensuring that the city's citizens are protected from the hazards of second-hand smoke.⁸

2.5 Challenges and Barriers to TB Care:

Tuberculosis has also been linked with social stigma and discrimination. Pakistan's has a high burden of drug resistant TB patients mainly due to diagnostic delays, unsupervised, inappropriate and inadequate drug regimens, poor follow-up and lack of inbuilt social support mechanisms. A dearth of accurate knowledge and understanding about TB itself is a common problem in Pakistan largely due to our low literacy rate, particularly in females. Health systems and health care delivery need to increasingly take into account human rights norms and standards, questioning whether there is equality of access, maintenance of privacy and confidentiality, non-discriminatory practices, and whether sufficient attention is paid to the vulnerable groups.

Vulnerable and marginalized populations including women and children particularly those living in peripheral areas, migrants and refugees, people in prison, and people living with HIV often bear an undue proportion of health problems including Tuberculosis.⁹ The real cause of the spread of TB is not so much due to the infectious agent as a complex set of socioeconomic and political factors



outside the realm of human biology affecting vulnerable population segments while limiting their access to treatment and cure. TB therefore must not be regarded as a health problem but as a social, economic, and political malady that manifests itself wherever there is neglect, exploitation, illiteracy or widespread violation of human rights.¹⁰ Given the fact that treatment for TB is already of long duration and expensive, the high prevalence of MDR TB adds another dimension of difficulty in the attempts to stem the disease.¹¹

2.6 TB Financing Issues:

Over 90% of the funding for TB (as well as HIV/AIDS and Malaria) control in Pakistan is coming as grant assistance from The Global Fund founded in 2002 as a 21st-century partnership designed to accelerate the end of Tuberculosis, AIDS and malaria as epidemics with the support of governments, civil society, the private sector and people affected by the diseases. The Global Fund invests nearly \$4 billion a year to support programs run by local experts in countries and communities most in need, saving millions of lives in the process. The Fund itself receives contributions, predominantly from the governments of the United States, United Kingdom, Sweden, Norway, Japan, Germany, France,

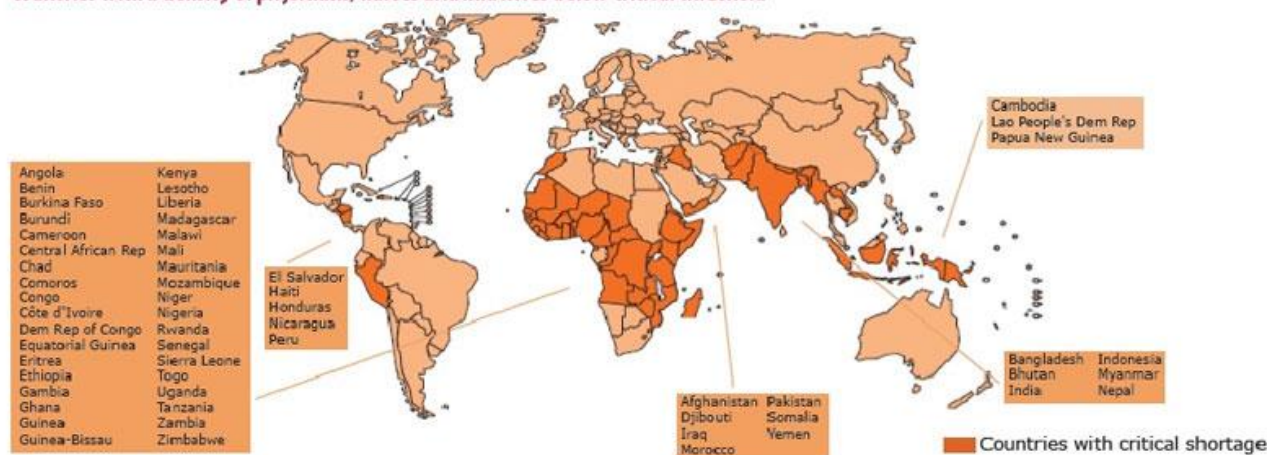
European Commission, Canada and a host of other donors and partners such as the Bill & Melinda Gates Foundation.¹⁰ While only 3% of the financing of the National TB Strategic Plan comes through the federal and Provincial Governments, 31% is provided by the Global Fund while 65% goes unfunded. It is only through proper ownership and bridging of the financial gap by the Government that the program can hope to achieve its targets and fulfil its national and international obligations.

2.7 The Role of WHO in TB Control:

The World Health Organization has remained a trusted partner of the National and Provincial TB Control Programs ever since the year 2000 and they usually provide the much needed technical support from all tiers of the organization, namely headquarters, the Regional Office for the Eastern Mediterranean and the Country Office for Pakistan that is functional since 1960.⁷ WHO recommends a scale-up of TB preventive treatment through screening for active TB among populations at highest risk including household contacts of TB patients, people living with HIV and other people at risk with lowered immunity or living in crowded settings. If active TB is ruled out, they should be initiated on TB preventive treatment. WHO recommends that either a tuberculin skin test or interferon gamma release assay (IGRA) be used to test for TB infection.¹² The theme of World TB Day 2020 is “It’s TIME” signifying the need to urgently accelerate the TB response to save lives and end suffering, building on commitments by Heads of State at the 2018 UN High-Level Meeting on TB.¹²



Countries with a density of physicians, nurses and midwives below critical threshold



2.8 Linkages of TB Control with Attainment of Universal Health Coverage:

On January 1, 2016, the United Nations came up with the Sustainable Development Goals (SDGs). SDG 3 calls for Universal Health Coverage by the year 2030. Nevertheless, four years have gone by since the SDGs were announced without a significant change in health financing or spending. In addition to the financing issues, we need to realize that the issue is not simplistic; it requires careful planning using an inclusive and participatory approach. More importantly, it requires the support of not just the economic ministries but the other social sectors as well. Within the health Sector, attention needs to be paid to our human resources for health (HRH) situation, which constitutes the backbone of the entire system. Effective, transparent and accountable governance of the health sector needs to be established, particularly at provincial and district levels with highly trained managers in place on all pivotal positions for a sustained period of time. Health equity should be regarded as the basis for all interventions in the march towards UHC. If the Health Sector is managed along these lines, TB treatment outcomes are bound to improve with all people without exception able to access quality services closer to their doorsteps.

2.9 The Need for a Human Rights' Based and People-Centered Approach Particularly Towards Children and the Elderly:

Pakistan has an under-5 mortalities of 75 per 1000 live births, an infant mortality rate of 52 per 1000 live births including a neonatal mortality rate of 44, stunting (low height for age) at 38 percent, wasting (low weight for age) seven percent and 23 percent of the under-5 children being underweight. Obese children are three percent, only 49 percent of children are exclusive breastfed for the first six months of life, while the proportion of low birth weight babies is 19 percent. Furthermore, 37 percent of the children in Pakistan are not fully immunized with huge disparities

between provinces, making it one of the two countries in the world with indigenous poliovirus circulation. Gender inequalities and human rights violations encompassing health are crucial barriers to achieving optimal health outcomes, equity and health for all.¹³ Despite provision of BCG vaccination, several children in Pakistan develop TB and account for nearly 10% of all the cases detected in Pakistan.

Similarly, attention needs to be paid to the elderly. The proportion of people of 65 years and above in the country is 3.72 percent totalling over 8 million people. The United Nations High Commissioner for Human Rights also strives to ensure that neglected population groups are given space in the human rights agenda, while other international instruments applicable to elderly people include the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic Social and Cultural Rights (ICESCR), as well as regional human rights conventions,¹⁴ to which Pakistan is a signatory. As elderly persons are more prone to contract Tuberculosis, they need to be given preferential treatment from all dimensions of TB care.

2.10 How COVID-19 is Affecting Us and Can Serve as an Opportunity for Elevating the Status of the Health Sector in our National Context:

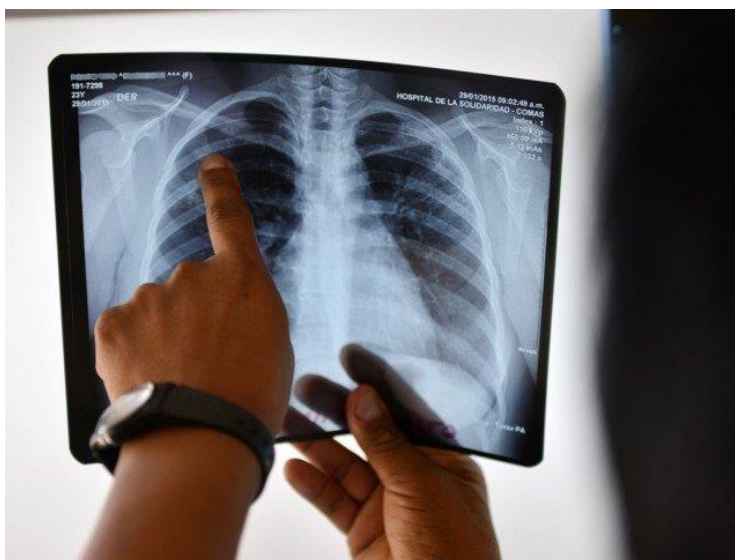
COVID-19 is an egalitarian disease which affects everyone, regardless of their station in life or their socioeconomic status. COVID-19 is highlighting just how vulnerable people with lung diseases and weakened immune systems can be. On World Tuberculosis (TB) Day, it is worth reflecting on the lessons learned from TB in the time of COVID-19.

Those afflicted with TB will bear a double burden if they also get affected by COVID-19 which affects the respiratory tract. We need unity in the sense that we are all in this together; that we can overcome this through compassion rather than mocking national efforts to combat the pandemic. We need to educate one another without discrimination and ensure that we adhere to the guidelines around prevention. We must also resist the urge to forward unverified information and we need to respond in a manner that utilizes the best evidence possible. We need to collectively believe and support our already fragile healthcare system as anyone can get infected.¹⁵

Currently, there is speculation that BCG vaccination routinely provided to newborns and infants in developing countries is helping to contain the epidemic and bringing the case fatality rate down in those countries.¹⁶ Everything said and done. This is for the first time in the history of Pakistan that a health issue has come on the agenda of the highest fora in the country. Let us hope that at the end of this pandemic, no government in the world will be able to diminish the importance of health and ever regard health expenditures as frivolous again.

III. THE WAY FORWARD

Pakistan's Health Sector clearly has a lot on its plate; over the next ten years it has to attain Universal Health Coverage and bring about the elimination of Tuberculosis as a public health problem by 2030. These targets are by no means either small or easy to achieve. Indeed, with the current pace of effort, it will not even be possible to come close to attaining them. These goals can only be achieved through the concerted efforts of the federal and provincial governments and their



developmental partners including donors and technical agencies, gather momentum and accelerate at a pace of effort never witnessed before. In case of Tuberculosis, we will need to cast the net more broadly through extensive public private partnerships to detect all the cases and provide user-friendly services to eliminate it once and for all times.

The way forward for TB Elimination in Pakistan will thus comprise of activities to transform political declarations into concrete End-TB Initiatives with costed work plans, which in turn means that the Federal and Provincial Governments will need to significantly increase their budgetary allocations to health and specifically for eliminating the funding gap in the TB response. The establishment of a federal authority for TB, AIDS and Malaria will help in robustly pursuing the federal roles of laying down the policy guidelines, providing technical strength, carry out surveillance, and liaise with international donors and health partners. It will be prudent to involve all first level care facilities such as BHUs, Dispensaries and MNCH centers, and the Lady Health Workers (LHWs) linked to them, in the provision of TB services. This will also provide the pathway to universal health coverage.

The Federal Ministry of Human Rights also needs to make healthcare delivery including TB Care services an important dimension of their priority mandate. TB elimination by the year 2030 is the least we can do for our children to provide them a safer and cleaner environment than we had. We simply cannot allow this deadly disease to devastate over 4,000 people and their families daily across the world and rob our coming generations of a TB-Free World. We are presently at the crossroads; what we do over the next ten years will determine how things shape by 2030. If missed, this chance will never come again and such lapses will have ghastly implications in terms of human and financial losses. IT'S TIME!

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