

## Speech -- HFM

- Salutations

I am pleased to be giving the keynote at the WHO Global TB Symposium on “Moving out of the box to end Global TB epidemic: with post-2015 strategy”.

We all know that globally efforts to control TB are being scaled up and this has resulted in slow but steady decline in incidence of TB. The legendary scale up of DOTS has saved millions of lives and considered an example of excellence the world over. Despite these successes and our continued efforts to defeat TB, we are confronted today by new and more powerful enemies -Drug resistant TB, TB-HIV co-infection and increased rates of TB among diabetics, malnourished, and among people with low immunity. These new adversaries threaten to undo all the remarkable progress we have made in the last two decades. It challenges our previous efforts and forces us to introspect, to think afresh, and to come together. We also know that if we continue to do what we are doing currently we are unlikely to reach TB elimination targets in our lifetime.

Looking back at TB control efforts in last two decades is a satisfying experience but it should also be a moment of reflection. It's important today that we honestly examine and acknowledge our successes but also our failures. Let's pause for a moment and reflect on the latest data from the Global TB Report 2014. The report speaks of nearly half a million more cases of the disease than previously estimated. The report also says that 9 million people developed TB in 2013, and 1.5 million died, including 300,000 people who were HIV positive. Globally close to three million patients were missed by national programmes.

Year after year, we look at the statistics and somehow we have become immune to this reality. Behind these numbers are faceless individual, families and communities facing unthinkable tragedies. Yet, year after year, we come here, talk about incremental progress and go back into our comfortable worlds.

This has to stop friends. As philosopher Goethe famously said, “Knowing is not enough; we must apply. Willing is not enough; we must do.”

It cannot be business as usual. Not anymore. Let us turn the gaze inwards and ask ourselves a few tough questions.

History tells us that the solutions offered to difficult and complex problems are generally complicated, tedious, and timid. As a result, the problem gets compounded. I fear tuberculosis control may become a victim of this timid thinking and actions.

History also tells us that bold and audacious steps offer the greatest opportunity for success. For TB, that is the only hope. In the last century, smallpox was vanquished because we dared to dream big.

Are we ready to dream big and bold for TB?

I don't think we have any options. For too long we have let incremental progress lull us into complacency. As the Americans say, we need to cut to the chase.

As a clinician I can also tell you that we cannot address a disease unless we sufficiently understand its epidemiology and have data to effectively combat it. A basic question to start with: Why does the disease continue unabated despite remarkable biomedical progress we have had in the past decades? Mahatma Gandhi said, "Poverty is the worst form of violence." It is well-accepted that tuberculosis is a by-product of poverty. One look at the countries with high burden of tuberculosis tells us that all these countries have something in common. It is not just mycobacterium tuberculosis in the air, but poverty, malnutrition, overcrowding and a health system, which can't cope with basic challenges. To address tuberculosis, the first step is that we need to stop thinking of biomedical solutions only. TB is social disease made worse by poor political will and commitment for its control. I strongly believe TB control needs to be taken up by all of us as a developmental issue. I would also say

that the responsibility of TB control needs to move from doctors to medical administrators and politicians! That I wear all these hats is purely coincidental and an opportunity given to me by almighty to lessen sufferings to mankind.

Looking at solutions, I would like to commend WHO for the “End TB strategy”; it is for the first time ever that we are seriously talking about ending the TB epidemic. This is a timely and a much needed shift. However, I am not satisfied with the timeline of those targets. I am also a man in hurry. While I am all for having a long-term perspective, I am not interested in something, which may or may not be achieved in 2035 or 2050. I am sure most of us will not be part of that success; hence we can't expect accountability from programme managers for some future success, which may or may not come. Immediate targets, which are challenging is the need of the hour. This is what I strongly feel programme managers and technical advisors develop an intensified TB control strategy. I have asked my country team to develop the same and target for substantial progress in next five years and demonstrate to the world that TB elimination is possible in their lifetime. We may call it TB-Mission 2020.

Yes, this is what we want; TB control needs to move into top gear and shift from traditional passive approaches to intensive mission mode. In India, we are taking TB control in a campaign mode from national to state to district and panchayat levels with active involvement of all local self-government bodies. We are planning to mobilize the community at large with the help of local self-governments and NGOs. We have also developed 'Standards for TB care in India' and I would like to inform you that these standards are not minimum standards, but the best standards of care any patient should get in the country. The standards include strategies for early diagnosis, such as revised diagnostic algorithm, use of high sensitive diagnostic tools, universal drug susceptibility testing, quality assured drugs and improved regimens etc. We are also in the process of providing ensuring that all TB patients in the country have access to free diagnosis and treatment irrespective of the provider they chose to seek care from, be it the public sector or the private sector. Important social support provisions such as nutritional support and financial enablers are also being planned.

Friends, as I said earlier, when we are looking at a drastic reduction of TB, we need to take bold steps. We need to 'catch the bull by its horn'. Our actions must match our intentions. This includes strong regulatory steps. India has already taken some important steps, such as banning commercial serology for TB diagnosis, bringing anti-TB drugs under a separate schedule of the Drug and Cosmetic Act to prevent its misuse, and mandatory notification of TB. We have also developed an electronic case notification system, using state-of-the-art information technology to facilitate notification from all sectors. However, echoing the sentiments of the famous poet, Robert Frost, 'we have miles to go'. We are thinking big and I am planning a comprehensive bill to be introduced in the parliament with all required regulatory approaches, including banning the sale of anti-TB drugs in open market and steps to safeguard rights of patients.

As you are aware, India is a major manufacturer of anti-TB drugs for the world. We give only the best quality drugs to our patients, whether within the country or abroad. There is a wide scope of for us to sit together and discuss seriously about promoting generic drugs for TB patients all over the world, I have no doubt that together we can make TB treatment affordable to all in the world. We owe it to the millions of TB patients and we owe it to ourselves.

We are also aware that private sector at all levels is a major contributor for the health care throughout the world. Their role is crucial to the TB control efforts in the country and we need to have a stronger and productive partnership with them. Our real challenge though continues to be finding and assuring that patients treated outside of national programme receive the standard of care at par with those who are treated within the public sector. I must take a moment here to emphasize that if we want to truly succeed in private sector engagement we have abandon old ideas and approaches. We need to approach this issue with innovative thinking. We must be able to take risks and be open to experiment

Being bold also means ambitious targets and we can achieve them only with aggressive research on better point of care test, better vaccines, better drugs etc. In India, we have engaged the Department of Biotechnology and Indian Council of Medical Research to work on a series of scientific ventures, including development of newer molecular diagnostics and treatment regimens. I would also extend an invitation to international researchers to partner with Indian researchers and utilize all possible avenues.

We should also ensure that the new tools we get are affordable so that national programmes can take them up and the benefit reaches the needy ones. Maximum good for the maximum number is our mantra. I also want to reiterate that just commercial interests will not be helpful in this big global fight against tuberculosis.

Finally, in line with the underlying theme of my address, my request to WHO, STOP TB Partnership and all donor and other technical partners: Please don't tell the countries why this can't be done. Tell us how this can be done. We need solutions. And we need them now. There should be no paucity of bright ideas and then there will not be any paucity of resources. If we get bogged down in pennies, then sorry, we won't be able to do anything. I have told my team back home, give me ideas and strategies, and it is my job to give you the resources.

Dear friends, TB patients are among those most disadvantaged and their situation can be best explained by what Mother Theresa described-“Hungry for love, He looks at you. Thirsty for kindness, He begs of you. Naked for loyalty, He hopes in you. Homeless for shelter in your heart, He asks of you. Will you be that one to Him?” When you deliberate on the END TB Strategy and when you get stuck, I request you to remember Gandhiji's talisman that 'whenever you are in doubt... ask yourself, will your step be of any use to the poorest and the weakest man?' 'Then your doubts melt away', he added.

It was Robert Frost who said, "Freedom lies in being bold." Let me throw you this freedom challenge. By the time the conference ends, can we come up with few bold strategies to end TB? I do hope that this gathering of finest minds will rise to the occasion.

As someone, who worked extensively on India's efforts to eradicate polio, I want to end by telling you that nothing is impossible. Let's be bold, and let's be audacious!

Thank you all

Jai Hind!