Tuberculosis rates skyrocketing in India

The statistics continue to be nothing short of brutal. Despite the government of India's efforts to control tuberculosis, the disease continues to kill 2 people every 3 minutes or nearly 1000 daily, according to Tuberculosis Control-India (www.tbcindia.org).

And those numbers appear to be getting worse. The World Health Organization's tuberculosis report (2006) indicated that India has more new tuberculosis (TB) cases annually than any other country, while the recently released *Global TB Report Card 2007* indicates India not only retains a high burden of TB but also is at substantial risk for developing multidrug-resistant TB on a large scale.

As problematic, the report card indicates that current treatment practices may be contributing to the growing incidence of multidrug-resistant TB. It notes there may be a higher risk of multidrug-resistant TB developing in the 20% of TB patients in India who present for re-treatment after receiving DOTS (directly observed treatment-short course), which lies at the core of the government's Revised National Tuberculosis Control Programme.

That may be a function of the quality of the DOTS-based strategy, the report card suggests. It recommends urgent action be taken to improve the quality of the treatment through a 5-element approach that places more responsibility for curing TB on health care workers, rather than patients, particularly with respect to direct observation of patients (to ensure that they are swallowing the drugs), systematic monitoring and accountability.

"DOTS, an important part of the [Revised National Tuberculosis Control Programme], intends to provide a closely monitored full-course drug treatment till the cure from TB and has been quite effective in India," says Kalyan Dasgupta, a professor of respiratory medicine at the BP Poddar Hospital in Kolkata. "But nowadays proper monitoring of DOTS-based treatment appears to be neglected, and thus treatment failure and default cases — which have a high risk for developing [multidrug-resistant] TB — are significantly coming up."

WHO's new TB report suggests that multidrug-resistant TB accounts for 450 000 new cases, worldwide, every year and that India is 1 of 6 Asian countries that together account for half of new global TB cases. "These statistics reveal that TB is somewhat getting overlooked in this country, may be due to the overwhelming attention of health care providers toward some other diseases, such as HIV/AIDS and polio," says Swapan Jana, secretary of the non-governmental organization, the Society for the Social Pharmacology.

"In 2004, the budget for first-line anti-TB drugs was $12 per patient, whereas in 2006, it was $10 per patient. The total money spent by India's Central Health Department in a year for the control of TB has been 5.4% in 2000/01 and 1.6% in 2007," Jana adds. "From this approach of fund reduction — despite the substantial burden of TB — it appears that the disease is being overlooked in this country."

Jana says resolution of the problem will likely rest on how India resolves current challenges like poor treatment quality, inadequate human resource, stigma and lack of awareness about TB. "For an effective control of TB, these challenges should be properly addressed by proper training and supervision, mass awareness campaigns, improvement of research and development, and so on." — Dr. Sanjit Bagchi, Calcutta, India

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Ontario noncommittal on student loan deferrals

Philip Brost has just graduated after 4 years at the University of Saskatchewan with a medical degree and a debt load of $160 000. He's also president of the Canadian Federation of Medical Students and strongly backs what some provinces are already allowing medical students to do: defer their student loan payments and the accrual of interest on those loans until after their residencies are complete.

"I have friends in Saskatchewan who benefit immensely by not having the expense of paying back their student loans until they're making more money," Brost says. "Personally, my amount of debt would be much more manageable if I could defer paying back my student loan until after my residency."

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The average debt load of postgraduate medical trainees stands at $158 728.

But Brost won't be able to do that. He's en route to BC where he will be a resident in psychiatry for the next 5 years, and, unlike Saskatchewan, Alberta, Quebec and Newfoundland, BC does not allow medical students to put off paying back their loans.

Nor does Canada's largest province give residents a break. Ontario Minister of Health and Long-Term Care George Smitherman is under pressure to follow suit, but remains noncommittal. "The minister is willing to look at the issue of deferral of student loans as part of a larger discussion to make Ontario a more attractive place for doctors to practise," says spokesperson Jeff Rohrer. "Interest deferral would require further discussion with the Ministry of Training, Colleges and Universities."

Brost argues that the move would have enormous benefits. "One of the best ways the province of Ontario can improve accessibility to medical education is to defer loan payments."

The executive director of the Canadian Association of Internes and Residents concurs. "Not only would it encourage more students to choose medicine, it would also attract a broader spectrum of future doctors from a more diverse socioeconomic background," says Cheryl Pellerin. "You want medical students to come from a variety of economic backgrounds. You want them to represent the Canadian population. And, hopefully, they would then go