

Indian generic drug makers can play a role in curing TB'

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The Stop TB Partnership was established in 2000 to realize the goal of eliminating Tuberculosis (TB) as a public health problem and, ultimately, to obtain a world free of TB. It comprises a network of international organizations, countries, donors from the public and private sectors, governmental and nongovernmental organizations. Its secretariat is hosted by WHO at Geneva and from there, it has been transforming the fight against TB in more than 100 countries.

Dr Lucica Ditiu, executive secretary, Stop TB Partnership, was recently in New Delhi to hold discussion with Indian Council for Medical Research (ICMR) for chalking out joint strategy to tackle the TB cases in India. *BioSpectrum*, in an exclusive interview with Dr Lucica Ditiu, tried to know about the current TB situation, role played by the Stop TB Partnership, effective measures to tackle the disease and much more.

How serious is the situation as far as TB related death cases are concerned? How advanced is our response to prevent and control these?

India has the highest number of people with TB in the world - 2 million new cases each year - and the highest number of people dying from TB - 280,000 a year. The challenge is clearly huge, but India is rising in the global health arena. The country is moving towards universal access to quality TB care, it has the world's fastest growing pharmaceutical industry and it has huge potential to become a global frontrunner in biotech, medical and public health research.

Which measures do you think are vital to tackle the TB driven deaths in India and world?

Our Global Plan to Stop TB 2011-2015 sets out a path towards eliminating TB. Essentially we need to focus on two main areas. The first is to drive universal access to TB care, including modernizing diagnostic laboratories and adopting

revolutionary TB tests. The second part of the plan sets out all the research gaps that need to be filled in order to bring rapid TB tests, faster treatments and a fully effective vaccine to market. If fully funded, the activities set out in the plan will cut global TB deaths in half by 2015.

Which sort of role is being played by Stop TB Partnership in this regard? What is the criteria laid for the potential projects to be funded by the Partnership?

The Partnership's primary role is to ensure a bold vision on TB and to coordinate and catalyze global efforts towards achieving the targets set out in the Global Plan. Through working groups we are accelerating progress on key issues such as access to treatment, developing new TB drugs and the TB/HIV co-epidemic. We support countries in the development of national partnerships and action plans, stimulate research through the TB Research Movement and, through our Global Drug Facility, ensure the timely delivery of drugs and diagnostics at sustainable prices.

Our main grant giving initiative, TB REACH, supports the development of innovative approaches to case detection in some of the poorest areas of the world. If you are interested in TB REACH grants, I suggested checking out our website at www.stoptb.org. We also invite and encourage corporations to innovate in new technologies, for example mobile health, to that hold the promise of revolutionizing TB care and control. Apart from directly TB related work, the Stop TB Partnership also counts on and benefits of the strategic input of its Corporate Sector Constituency of 130 private sector organizations and businesses to advance its vision of a world free of TB. These private sector partners form a substantial basis for the Partnership's work, ranging from shaping governance issues with private sector thinking, to contributing project related expertise, or donations.

What are the major lacking points as far as TB controlling programme in India is concerned? How can we overcome these hindrances?

A huge challenge for India is to scale up public-private approaches in TB care delivery. This is needed to achieve universal access, and for early diagnosis and prompt treatment of infectious patients in order to have an impact on transmission. It is estimated that about 30% of TB patients in India remain outside the national programme - many of them, including the poor, access care from the private sector which involves catastrophic out-of-pocket expenses and does not usually guarantee cure. In addition, India needs to rapidly scale-up diagnosis and treatment of drug-resistant TB, which is now even more feasible due to the availability of new generation rapid molecular diagnostics tests.

What kind of collaboration is being done by Stop TB Partnership with the Indian govt.? How can the Indian research community and pharmaceutical/ biotechnology industry play a role in this?

India is very much on the agenda for us at the moment. In late August we joined a meeting in Bangalore on the development of new diagnostics. In the same month we organized, with the government, meetings to discuss global TB drug shortages and to launch a new guide on the research needed to improve the quality and reach of TB care.

One of the challenges set out to researchers and manufacturers was to develop a rapid, low tech test that can diagnose TB in minutes. In addition, there is a looming shortage of manufactures qualified to produce quality TB drugs. With many countries poised to step up their efforts to treat TB, India's generic drug manufacturers could fill the gap and help reduce price.