

Health  
Down

# Pakistan ranks 6th with four million

24/3/05

LAHORE, March 23: As the world is observing World TB Day later this week based on a theme "Stop TB - Fight poverty," the non-availability of authentic database, patchy TB control services and over-reliance on tertiary care hospitals are continuously increasing the incidence of tuberculosis in Pakistan. The World TB Day falls on March 24.

Pakistan, which is ranked seventh among the 20 high disease burden countries in the world, has 43 per cent of total caseload of Eastern Mediterranean Region (EMR) and stands first in the region. The Punjab having more than half of the population of the country has major chunk of these patients.

As the disease spreads through air, each positive TB patient affects

10 to 15 people in a year by coughing and sneezing near other people and this cycle of transmission is continuing unaddressed for decades in Pakistan.

Stating that population-wise Pakistan ranks sixth in the world for having over four million TB patients, TB specialists claim that some 250,000 patients are adding up in the number of patients every year in the country. The disease incidence shows that 177 people out of 100,000 people are infected with TB.

In the Punjab alone, the specialists say, some 125,000 people are becoming new TB patients every year. It is also alarming that 50 per cent of these patients are women. As most affected women are in their reproductive age, the TB has also become a major cause

of maternal death.

According to the Punjab TB Control Programme (PTBCP) officials, there are 70,000 registered TB patients.

Though the scourge of TB never eradicated from Pakistan, the government had declared TB eradication as top priority agenda in 1999 and the National TB Control Programme adopted WHO recommended community-based strategy — Directly Observed Treatment Shortcourse (DOTS).

Under the DOTS, a patient is required to swallow the right quantity of medicines in front of health worker for a right length of time. "The DOTS makes the health system and not the patient responsible for a cure," health department officials say.

agers encounter the biggest problem when patients discontinue treatment as they start feeling well after only a couple of weeks' treatment. "The patients who discontinue become drug resistant and remain sick for a longer time. They also become a threat to spread the disease in the community.

Though there is no survey about the number of multi-drug resistant (MDR) patients in the province, the officials believe that they are around five per cent of all TB patients. Besides expensive second line drugs, the officials say, the MDR TB patients' treatment is quite difficult.

The Punjab government launched PTBCP under the DOTS strategy in 2000. Until now, the programme has

# on TB patients

tricts. In remaining 10 districts, the DOTS implementation staff is getting training to launch the programme by June 30 this year.

The 10 districts are: Bahawalpur, Faisalabad, Jhang, Jhelum, Khushab, Lahore, Lodhran, Mianwali, Pakpattan, Sahiwal and Sheikhpura.

As none of the tertiary care hospital had so far been brought in the fold of the PTBCP, the programme has recently been launched under the urban DOTS mega project in five major cities to expand the DOTS plan all over the province. Under the project, the TB DOTS programme is being launched in tertiary care hospitals in Lahore, Faisalabad, Multan, Bahawalpur and Rawalpindi.

In Lahore, the programme has initially been launched in Mayo Hospital,

Ganga Ram Hospital and Lahore General Hospital. These hospitals will also act as PTBCP's diagnostics and treatment centres. The remaining four towns of Lahore will be taken up before June this year.

When contacted, PTBCP programme manager Dr Darakshan Badar said the urban DOTS mega project had been introduced for the first time in the Punjab. She said it was quite easy to implement the TB DOTS programme in rural areas but there was a quite complex situation in urban areas.

In the Punjab, it is learnt that there are about 2,500 beds available for TB and chest diseases patients in specialized TB hospitals and over 1,000 beds in general hospitals in the public and private sector. —**MANSOOR MALIK**