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BY Z U B E I D A M U S T A F A | 4/12/2019

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| THERE is a problem with our health sector. It has been heavily `medicalised`. Taking their cue from the pharmaceutical companies, many physicians and surgeons tend to adopt the curative approach preponderantly, depending on diagnostic technology and drugs. Preventive medicine has been pushed aside, as have been its essentials public health awareness, nutrition, personal hygiene, lifestyle and sanitation.  As a result, healthcare has become so costly that it is increasingly out of reach of the masses. Only the rich and privileged can hope to obtain satisfactory treatment when they are ill, while the country`s national health indicators are shockingly dismal.  But unlike other sectors that present an equally abject picture of inequity, the state of healthcare has serious implications for all. Viruses, bacteria and bacilli know no boundaries. Infectious diseases can and do spread from one to another, irrespective of the affected person`s socioeconomic and class status.  In this scenario, it was heartening to meet a trio of doctors on World Tuberculosis Day, who have come up with innovative ideas to spread public awareness about this deadly disease. These specialists all women adopted a holistic and integrated approach to the prevention and treatment of TB, without which the goal of eliminating it from Pakistancannot be achieved.  Dr Ghazala Ansari, former director of Ojha Institute of Chest Diseases, Dr Farhat Ajmal, chairperson of Behbud Association`s TB clinic, and her co-chairperson, Dr Saba Hashmi, not only spoke about the gravity of the prevalence of TB in Pakistan, but also emphasised the need to involve the public in the campaign to end this disease. This is an innovative idea that should help people understand the role they can play in public health campaigns as well as take ownership of them.  One Behbud school showed how this can be done. A group of teenage boys were thoroughly briefed about the signs and symptoms of TB, its implications for public health and where a person could go to seek help for screening, diagnosis and treatment. These youngsters were then sent into their community in Shireen Jinnah Colony where they spoke to people in small street corner meetings. At the TB Day function, the audio recording of one such meeting was played before the audience. With birds chirping noisily in the background, we heard the students speak confidently, responding boldly to the questions they were asked.  When I asked Anas, a Grade IX student, abouthisexperience,he saidhe hadfoundit gratifying. He felt he was working for a good cause, and said that people took them seri-ously. A crowd would gather to listen, which was encouraging for the young speakers.  Next, these doctors visited another school, the Payam-e-Taleem Education Centre, to talk to students and their parents as they had done at the Behbud school. Here the questions were unending which inspired the teachers, who now plan to involve the older students in a similar exercise as Behbud`s.  This promises to be a positive move, especially if it is ongoing. The TB department would do well to enlist the cooperation of schoolchildren to reach their communities.  It is time we took TB seriously. Pakistan ranks fifth in the world in terms of the number of TB cases (550,000, with 50,000 new cases annually) prevalent here. Sadly we have been moving down, having been sixth a few years ago. We are further down fourth globally in the untreatable multidrug resistant TB. Every year, 15,000 MDR-TB cases are added, and tens of thousands of people die of TB annually in Pakistan.Given the lack of awareness about the disease in the public, tuberculosis poses two major problems. First a large number of cases are notdetected, thus the infection spreads insidiously at an alarming speed, adding to the burden of the disease. A new patient can infect as many as 10 to 15 persons in a year before the disease is diagnosed and treatment started. It is only then that the disease stops being infectious. Secondly, many patients diagnosed with the disease fail to complete their treatment. As soon as they start feeling better they discontinue the drugs, giving rise to untreatable MDR-TB.  This explains why the treatment is so complex. With the development of the directly observed treatment, short-course (DOTS) strategy, every TB patient is now required to be kept under observation for the full sixmonth treatment course. This adds to the expense.  The approach adopted by the Behbud team offers many advantages. When the community is involved in its own healthcare in the form of awareness raising and preventive care, the system will work better. People will take responsibility for their own wellbeing where they can act collectively. Where the government is required to act, the community will be in a position to exert pressure on the authorities to perform their duties. m www.zubeidamustafa.com |