



Anchored in human rights

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Anchored in human rights-Instead of surveillance technologies, help TB patients by providing rights-based interventions

- Decades of global neglect have resulted in tuberculosis (TB) becoming the leading cause of adult deaths in most of the global south — it kills nearly two million people a year.
- This is shocking given that TB is curable and preventable.
- But there are signs of change as the spotlight shines on TB; including the United Nations Declaration of September 2018 titled “United to End Tuberculosis: An Urgent Global Response to a Global Epidemic”, where heads of state and government have “reaffirmed their commitment to end the global TB epidemic by 2030”

Intrusive technologies

- An emergent and disturbing arsenal of surveillance technologies has caught the attention of international and domestic policy makers and threatens to detract from an effective response to TB that is anchored in human rights and has a human touch.
- An obsession with new gadgets in disease management — in the context of a disease that could be eliminated in a relatively inexpensive way through human-rights based interventions — is strange.
- This thinking envisions a TB response that is not with and for people who have TB but rather against suspects who must be targeted, tracked, traced and, above all, never trusted.

Some interventions

- December 10 was World Human Rights Day, which is a reminder also that we can only beat TB using an approach anchored in human rights.
- Such an approach focuses on creating health systems that foster trust, partnership and dignity.
- Therefore, we suggest three interventions to which the funding for surveillance technology should be redirected.

The 3 Interventions

- The first is new treatment. In contrast to the dozens of whirring and chirping surveillance gizmos are bedaquiline and delamanid, the only new TB drugs to have come to the market in 50 years.
- These drugs are far more effective against drug-resistant TB than prevailing treatments made up of toxic drugs and painful injections that only work about half the time and often cause disability and psychosis.
- International institutions, donors and countries need to focus and collaborate on the urgent production and distribution of affordable generics of bedaquiline and delamanid.
- Meanwhile, we must escalate from all levels pressure on companies such as Johnson and Johnson and Otsuka to drop their prices to a dollar a day for each medication so that their exorbitant prices no longer exclude the vast majority of people from accessing the drugs.
- The second is the human touch.
- Employ and deploy community health-care workers.
- The last is accountability.
- The TB response can only be as good as the health-care systems through which it is implemented, and health-care systems are only as good as the structures that hold them to account.
- Community-based structures such as “clinic committees” ensure accountability while also fostering partnership and trust between communities and their health-care systems.
- The shiny allure of surveillance technology threatens to distract us from the real work of the TB response; work that involves partnering with communities to employ human-rights based strategies to beat TB.

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