

Lung specialist Prof. em. Dr. Nikolaus Konietzko talks to wortundtat

Non-governmental organisations contribute to the successful fight against tuberculosis in India in Public Private Partnership projects

For many years, the lung specialist Prof. em. Dr. Nikolaus Konietzko has been working in cooperation with wortundtat in an honorary capacity to support the fight against tuberculosis (TB) in the South-Indian state of Andhra Pradesh. He visits the region regularly, advises the medical staff at the wortundtat TB Clinic in Chilakaluripet and helps them to improve treatment methods by simple means. Roughly ten years after the introduction of the current governmental TB combating programme and over 15 years after the foundation of the wortundtat clinic he provides a deep insight into this work.

wortundtat: India has been fighting against the vast number of tuberculosis sufferers in her own country for many years. When did this fight begin and why does it take so long?

Prof. Konietzko: The Indian government had already established a national TB programme as early as 1962. The project, however, failed, mainly because of drugs – too few and qualitatively inferior – and because of the inadequate organisation. As a result, people lost their trust in governmental organisations and sought help often with incompetent doctors and fraudulent charlatans. Or they bought TB tablets without prescription directly from the chemist – which by the way is still possible today – and treated themselves. The consequences were disastrous: the disease continued to spread. India had the most TB victims worldwide around the turn of the millennium. Two million Indians contracted the disease every year and half a million of the population died.

wortundtat: Why, in view of these figures, was not more invested at an early stage?

Prof. Konietzko: Since the 60 years of gaining its independence, the young Republic of India had to shoulder many massive tasks, some of which she mastered brilliantly. The greatest success story is without a doubt the agricultural reform – the so-called “[Green Revolution](#)” – which stopped millions of people dying from malnourishment. There were probably simply too many other tasks apart from the inefficient TB programme, which the giant empire was confronted with and which prevented India from getting tuberculosis under control for a long time.

wortundtat: Who was the leading influence in the fight against tuberculosis in those days?

Prof. Konietzko: Many non-governmental organisations (NGO¹) stepped into the breach at the end of the last millennium and tried to halt the national tragedy. This also applies to

¹ Non-Governmental Organisation

wortundtat and her Indian sister, [AMG India](#)². In view of the many suffering and destitute people, wortundtat founded the [Cornelia Deichmann TB and Chest Hospital in Chilakaluripet](#) in the nineties, staffed it with competent Indian personnel and brought in the necessary equipment for diagnosis and treatment. It didn't take long until masses of sick people – sometimes from far away – arrived at the hospital. Thousands were cured. However, initially the hospital was just an island of hope amidst an ocean of despair.

wortundtat: What has triggered the change and when did it come about?

Prof. Konietzko: In the end, the Indian government recognized the weakness of the old programme. A new project, which was based on the [global strategy of the World Health Organisation \(WHO\)](#), the [Revised National Tuberculosis Control Program \(RNTCP\)](#), was initiated in 1997. Here, TB is diagnosed by carrying out the microscopic Sputum test³ and treated with drugs on an outpatient basis. A significant part of the treatment is the administration of the medication. In the meantime, the Indian RNTCP has developed in to the largest medical care programme in the history of humanity.

wortundtat: Does this mean that the state assumed sole responsibility for the work again and that the NGOs could discontinue their efforts?

Prof. Konietzko: No, in spite of all superlatives, such programmes can only be successful if governmental intervention measures are supported and supplemented by private organisations. Public Private Partnership (PPP) is the magic word. This means the mobilisation of private capital and the expertise to fulfil governmental tasks. In our case, a popular example would be the construction of motorways with the cooperation of private companies.

wortundtat: Who is behind the PPP projects in India?

Prof. Konietzko: Two excellent examples of Public Private Partnership between the governmental TB programme in India and the WHO are the [Stop-TB Partnership](#) and the [Global Fund](#). The latter is an organisation close to the United Nations to finance the fight against Aids, Malaria and TB. The Global Fund, which was established at the 2000 G8 Meeting, had by 2008 distributed about 11.4 billion US-\$⁴. India is one of the receiving countries, the USA the most important donor country. Worth mentioning with regard to the private partners of the Stop-TB Partnership is the support of the roughly 40 billion US-\$⁵ [Melinda and Bill Gates Foundation](#).

wortundtat: How do relatively small organisations such as wortundtat and AMG fit into this scheme?

Prof. Konietzko: Well, it would be quite difficult to achieve anything without involving the small(er) players. Today, there are more than 2,600 NGOs, among others AMG and wortundtat. In 2002, AMG reached an official agreement on cooperation with the Indian

² AMG stands for Advancing the Ministries of the Gospel

³ Sputum: is matter that is expelled from the respiratory tract, such as mucus or phlegm, mixed with saliva, which can then be spat from the mouth.

⁴ ca. 8.5 billion €

⁵ ca. 30 billion €

government. Since then I have been able to get involved in this fantastic project. The PPP between the government of the South Indian state of Andhra Pradesh and AMG, which in turn is supported by wortundtat, provides for a number of additional tasks from our side.

wortundtat: What are those?

Prof. Konietzko: These include for example motorised coordinators. Due to the fact that many sick people are too weak to cope with often the quite long journey to the AMG branches, the coordinators collect the test samples from the patient and bring him his tablets. The AMG Hospital belongs into this scheme. Seriously ill people can also be treated at the hospital. The ambulance service of the clinic has developed into the most important “supplier” for new tuberculosis cases. Of course, one must not forget the HIV Advice Centre at the hospital, as no less than 16 % of all newly diagnosed TB cases in 2009 were HIV positive.

wortundtat: How is the success of the programme monitored?

Prof. Konietzko: This is quite a weak spot in many parts of India: too much trust is put into statistics; local reality, however, can look quite different. In most cases all participants are satisfied if the requirements of the WHO have been fulfilled on paper. With the exception of the patient. Therefore we attach great importance to supporting patients at the clinic in Chilakaluripet and to the close monitoring of the treatment.

wortundtat: And that helps?

Prof. Konietzko: Definitely: during the last WHO inspection, the local TB unit was the only one to provide correct documentation. But not only that: successful treatments were also above average. This is among others due to the distribution of food rations, recommended by us, in form of rice, lentils and cooking oil. Well nourished patients not only recover better, there is no need for them to go to work again as soon as they respond to the therapy. Food rations helped to reduce the quota of premature therapy discontinuations from 10 % to almost zero – an important aspect to prevent the development of resistance: each patient, who discontinues the therapy increases the risk of germs spreading, which no longer react to conventional antibiotics. This makes the fight against TB even more difficult.

wortundtat: What has the new Indian TB programme achieved in the last ten years?

Prof. Konietzko: So far, ten million tuberculosis sufferers have been treated. The cure rate increased from 25 % to 86 %. The death rate was reduced from 29 % to 4 %. 1.8 million lives have been saved.

wortundtat: And the contribution of the NGOs?

Prof. Konietzko: Due to the cooperation with private organisations, it has been possible to reduce the mistrust of people in state health facilities. Many TB units, in cooperation with NGOs, have achieved model status. The AMG unit alone has cured 6,000 patients during the last seven years – in an area with a population of about 600,000.

wortundtat: How, in your estimate, will the commitment to fight tuberculosis develop in India?

Helfen Sie mit



Prof. Konietzko: I think that the development in India will be similar to what Germany experienced. We had tuberculosis, which was regarded as a terrible disease, well into the last century. Patients, whom I had to tell that they had lung cancer, almost reacted with relief: “I was really worried it could be tuberculosis, doctor!” Today, tuberculosis has been eradicated. And I am sure, that hopefully not in the too distant future, our Indian colleagues will be able to say “TB in India has been defeated” – not least also thanks to the cooperation of governmental and private organisations such as wortundtat.