



We are pleased to bring out Fourth World News. In the mid-90s, when Fourth World Action was first established, we used to produce newsletters and annual reports. These unfortunately were discontinued as they became beyond the capacity of this volunteer-run charity to continue. This time around, we hope that Fourth World News will become a regular publication.

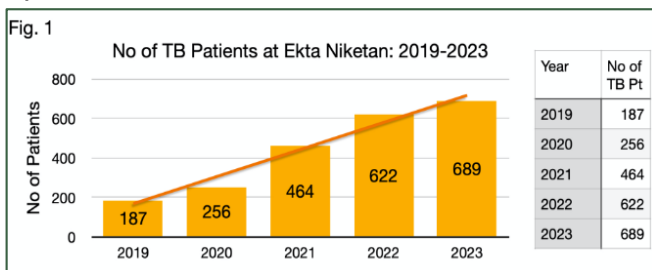
In Fourth World News we will cover our work in India and the lessons that we learn from it. In addition, we will reflect on relevant materials published elsewhere. In this issue, we have a 3-part article on the situation of TB in India – please find the link to it in the ‘Documents of interest and more ...’ section.

Janet Elizabeth Ganguli, a founder of Fourth World Action, established Ekta Niketan: a centre to treat tuberculosis in remote villages in the state of Jharkhand, India. Her uncompromising endeavour to reach out to the neglected remains our inspiration. We continue to further expand Ekta Niketan. Please visit <https://fourthworldaction.net>.

- In this issue**
- Ekta Niketan – a popular TB centre
 - The hype to eliminate TB in India
 - Sonamuni Tudu
 - They make long journey

Ekta Niketan: a popular TB centre

This is a TB centre unlike other TB centres in India – governmental or non-governmental. It is right in the middle of a village and is managed by a team of villagers (diagnosis, microscopy, pharmacy, record keeping and online medical consultation). Ekta Niketan health workers are otherwise much the same as their patients – they share the same language, culture, education and economic background. It has become a popular TB centre in the area: patients accessing Ekta Niketan are on the rise. TB patients from far away villages come for treatment on motorbikes, hired vehicles, buses or trains; and, nearby ones on foot or bicycles. The chart below shows the number of patients in the last 5 years (between 2019 and 2023).



For the last year, the government has stopped supplying anti-TB medicines. Ekta Niketan therefore purchases medicines from the local market so that treatments remain uninterrupted. Some patients bear the costs of the medicines, but for families who cannot afford to pay, Ekta Niketan provides the treatments for free. The supply issues for anti-TB drugs are felt across the country.



The hype to eliminate TB in India

In March 2018, the Indian Prime Minister announced, “...India has decided to end TB 5 years ahead of the target year (i.e. by 2025 instead of 2030)”. Public health experts in WHO or similar UN-level organisations praised the Indian Prime Minister for his commitment to control TB. TB continued to spread across the country though. In March 2023, Dr Lucica Ditiu, Executive Director of the Stop TB Partnership, reiterated at the One World TB Summit that India will end TB by 2025! [“... In 2018 Hon’ble Prime Minister said India will end TB by 2025. And maybe there were some people that rolled their eyes. I tell them to stay their eyes rolled because India is ending TB by 2025”]. For the full speech, [please click here](#). The reality is that for almost a year anti-TB drugs have not been available in the government TB elimination programme.



SUPPORT US

Fourth world Action aims to address inequalities and injustices in society. We take up small actions - NOT time-bound ‘projects’.

Ekta Niketan, now a model community TB programme, is the example of our sustained work. We are yet to see the real impact of it.

Your generous donations have helped us continue Ekta Niketan. If you would like to donate, click **DONATE**

Sonamuni Tudu - a TB patient in September

Most TB patients at Ekta Niketan are thin and weak weighing around 40kg. Then an 'under-30kg' group emerged - so weak that they cannot walk. They are Ekta Niketan's 'red' category patients. Facilities for in-patient care where such patients should be referred are not available in the area.

On 26 August 2024, Sonamuni (not her real name) came to Ekta Niketan. She weighed 25kg and was enrolled as a 'red' category patient requiring additional monitoring and nutritional support.

Sonamuni's village is in the district of Giridih. Before coming to Ekta Niketan, her husband took her to the district hospital and, after that to a private clinic in the town. In four months, the family had exhausted their money but Sonamuni's health continued to deteriorate.

For patients like Sonamuni, Ekta Niketan adopts tailored treatment regimes for 3-4 weeks before patients are strong enough to be put on standard anti-TB treatment. She responded to treatment and has already gained 4kg. On 9 September her husband came to collect medicines for another two weeks. She felt well enough to manage to challenging journey, so she came too. Sonamuni will survive.

Many such 'red' category patients have survived at Ekta Niketan. More such patients will come. Some will not survive. Skin and bone, exhausted, these 'too late' ones, cannot cope with the journey to the TB centre on bumpy roads. Policymakers and international experts, on the other hand, will continue to boast that TB will be eliminated by 2025 or 2030 or by another strategic target year! They do not understand the reality.

They make long journeys to reach Ekta Niketan

Patients attending Ekta Niketan come from villages from all directions. Unless the family owns a motorbike or has the money to hire a vehicle, the journey is usually long and complicated. A 70km journey from a patient's village to Ekta Niketan TB centre can easily take 6-7 hours.

Ruplal explains how he reaches Fatepur from his village, Bhela. Ruplal (in a blue T-shirt) has been to Fatepur before: he made several trips two years ago to collect his monthly anti-



Documents of interest and more ...

- [Death by Policy: The Modi gov't's catastrophic failure to control tuberculosis](#) [a three-part document published in The CARAVAN, an Indian journal of politics and culture (August 2024)]



It explores the situation of TB in India - the current stockout of anti-tubercular medicines across India during; the impact of lockdown measures during Covid pandemic; the spread of drug-resistant TB in the country; on the other hand the Indian Prime Minister announces that India will eliminate TB by 2025.

VIDEOS

- [A grain of rice that money can't buy](#) - a short video.



A grain of rice is the joy and pride of the poor no matter the rice they grow does not feed the family all through the year.

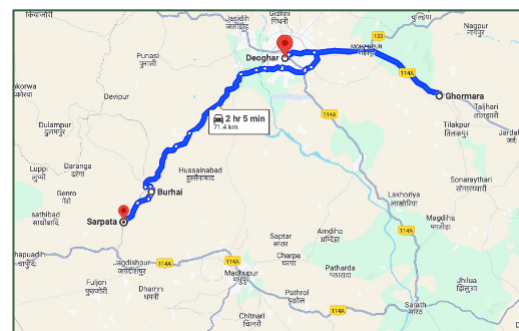
- [SILENT SPECTATOR](#) - a short video.

India aims to eliminate tuberculosis but the disease is rampant in remote villages. Tuberculosis is more than medicines and vaccines. Tuberculosis is about food and nutrition; about dignity and rights; about culture and identity.



TB medicines. This time, in March 2024, he has accompanied his neighbour who has TB.

The 71.4 km route shown on the Google Maps, from Ghormara to Sarpata, is the main road where buses are



available. With two changes, at Deoghar and Burhai respectively, the bus ride will take around four

hours. From Sarpata (or Dasdumar crossing), one has to walk 2km to reach Fatepur. At the other end, Ruplal takes a shared auto-rickshaw at Ghormara to Chanabari Mor (crossing), a 10km ride. He then walks another 1km or so to Bhela, his village.

Altogether it is an 85km trip each way.

Ruplal says, "it is worth a journey; we feel at home here".

DONATE

We hope you will continue to support our work. If you would like to donate, click [DONATE](#)