

# Challenges And Response

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TUBERCULOSIS IN INDIA: A CASE OF INNOVATIONS AND CONTROL

By Nora Engel

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In June 2016, the *Health and Human Rights Journal* carried a damning indictment of the World Health Organization's (WHO) double standards in tuberculosis (TB) care, arguing that between 1993 and 2002 the Organization violated medical and human rights principles by recommending sub-standard TB treatment regimens to resource-poor countries citing cost considerations, while following the highest standard of clinical care for high income countries. The article held WHO responsible for massive numbers of avoidable deaths of patients and for amplifying multidrug-resistant TB (MDR-TB) globally through a combination of several factors: an inflated cost of appropriate MDR-TB treatment, use of an untested and unsound re-treatment drug regimen, lack of drug sensitivity testing, and alliances with donors like the World Bank (whose funding for TB control meant WHO was made to act as a strategic gatekeeper and emphasize standardized treatment protocols such as DOTS globally). This economic rationalization that neglected the long-term epidemiological, fiscal and experiential impact of MDR-TB was disbanded eventually, after a multinational group of stakeholders convened a Green Light Committee to procure second-line anti-TB drugs at lower prices. This process subsequently led to many resource-poor settings being able to successfully treat MDR-TB.

Nora Engel's book rightly notes that the field of TB control offers a rich case study for investigating the interplay between innovation and control because it sees constant challenges and opportunities that necessitate innovative responses. The book helps us understand the manner in which changes in strategy, policy, interventions and knowledge creation—as in WHO's inadequate response to MDR-TB above—are not determined by best practices but by the way different actors and organizations in the TB world define problems. This further determines the solutions they seek, the innovation processes they engage in (or do not), and the strategies they deploy to exert influence and control. The book highlights the importance of looking at the frame behind a problem and the politics of evidence underlying a problem definition, arguing for a shift in problem definitions as one of the important ways of responding to the challenges of TB control in India.

A Science and Technology Studies (STS) scholar, Engel analyses innovation dynamics in the world of TB control in India through a richly-layered ethnographic study of the processes and practices that attend innovation and control. Using a 'social worlds' framework from STS (p. 13, 16), she has interviewed more than a hundred actors across four communities in TB: global health policy, the national TB programme, patients and practitioners, and the laboratory, each of whom function within their own specific rationales and terms of reference. She looks at how these varied communities negotiate the dynamics of innovation and control within four aspects of TB control in India: the organizational, strategic, technological, and the service delivery aspect. Her Introduction is followed by six chapters, four of which are empirical.

Engel begins the Introduction by offering a glimpse from her fieldwork diary, of innovations she witnessed, for instance, '...in a common lunch-box filled with sputum cups to allow transportation of sputum samples in hard-to-reach areas without being stigmatized

when carting the contents in public; ... in a new diagnostic machine in a TB laboratory which allows rapid drug sensitivity testing, ... in the form of an adaptation mechanism of a treatment guideline to the local context' (pp. 1–2). She discusses the context and scope of her research, and describes her broad view of innovation and control, defining innovation dynamics as 'struggles for improvement involving ongoing, complex processes among a variety of stakeholders along a particular problem, such as TB, that is embedded in a particular environment' (p. 10).

She elaborates her main theoretical framework of social worlds in TB control, outlines the specific focus and disciplinary and professional locations of each of the four communities of actors, and also details the relation between innovation and control in four aspects of the Revised National Tuberculosis Control Programme (RNTCP) structure. She uses policy change as an indicator to examine innovation in each.

Engel then looks at the inclusion of new partners in the RNTCP as a case of organizational innovation. Sustaining public-private partnerships is challenging because of the different organizational and professional backgrounds and practices of varied communities, influencing distinct problem definitions and solutions for partnerships. Differing control practices of supervision, standards and culture also clash leading to acts of blaming, and necessitating the need for bridging boundaries. Engel explores in the next chapter the dynamics between innovation and control in the creation of a new strategy to respond to MDR-TB in India. This process illustrates competing problem definitions of different actor groups who address MDR-TB, and their differing solutions. Debates on the magnitude of MDR-TB, its causes and the responsibility for addressing this emerge as a function of the social construction of knowledge and the politics of evidence building in this process.

Innovation and control dynamics around new diagnostic technologies for MDR-TB and the related process of standardization for quality control are explored by Engel. Balancing between too much and too little control through standardization of diagnostic practices is key, though this is challenged by a limited Research and Development environment and the trade-offs between various technologies. In examining innovation and control in service delivery, amidst evolving guidelines for MDR-TB treatment at RNTCP's first sites, the challenge is to find a balance between control through standardized guidelines, and the needs of individual care and local adaptation of these standards. Situated standardization, an ongoing constructive process of putting standards to use by applying core recommendations of guidelines or going beyond those guidelines, offers a way ahead.

Implications for policy are examined by the author who notes that even though the innovation impetus in TB control in India suffers due to the deeply entrenched cultures and structures of control of the RNTCP, a lot more innovation is occurring than is generally assumed. Building on this potential requires expanding the participation of different actors, increasing coordination, transparency and responsiveness to local innovations, negotiating problem definitions, and performing situated assessments and responses in different scenarios.

The challenges of TB control in India discussed here are not unfamiliar to health workers and researchers in TB, and abound in the literature. But these have usually been addressed as single prob-



lems or in smaller clusters, and largely as implementation issues. Solutions have included calls for increased resources, change of attitudes, renewed political commitment, better dissemination and education, and adoption of best practices, with far fewer investigations into the formations that sustain these. Engel offers an atypical view of the challenges faced by the TB programme, not only because hers is a theoretically and empirically multi-pronged insight into an entire problem system, but also because she resists unidirectional resolutions that usually drive problem-solving in TB control. The 'tension between finding universal solutions and adapting those to local contexts' (p. 20), for instance, is pervasive in the literature, and a central theme of this book too, but she refuses to accept this 'false dilemma' (p. 225) between control and innovation. Recognizing that these two are inextricably related and shape each other, her analysis articulates 'situated assessment and negotiation of the relation between innovation and control, such as local adaptation and standardization' (p. 22), as a potential solution to overcome such challenges.

But having said this, even as one critiques the narrow biomedical framing of TB and recasts the frame to reflect a sociopolitical understanding of the issues related to the disease, it is important not to lose sight of the fact that the TB crisis has unfolded since 1993 in the wider context of neoliberal economic policies set by the WHO-World Bank combine, and the political and economic hierarchies that got aggravated by this in resource-constrained, complex countries like India. The larger neoliberal frame that birthed these global TB programmes structurally limits them to function within a certain developmental trajectory: in instrumentalist self-corrective loops of programme implementation and policy change. One can see this in the case of WHO and the WB, to take only the example discussed

above, and reflect on their changing roles, mandates, critiques and reified status with regard to global health over the decades. While the constructivist perspective of this book is instructive as well as seductive, it shadows the critical role that politics will have to play in order to upend the neoliberal instrumentalist orientation that fundamentally structures 'TB in the RNTCP as advocated by the WHO-World Bank in post-1993 Indian society'.

Engel's reflections on her fieldwork and 'doing research' will be instructive for young researchers, especially those doing exploratory qualitative studies in health and society. As much as the book benefits from the use of a wide-ranging conceptual map—drawing from STS, medical sociology, anthropology, policy studies and innovation studies—to illuminate the practices of actors amidst organizational cultures, it suffers from too many repetitions of its conceptual and empirical insights. Attentive editing could have considerably reduced the book length without compromising any of the ideas or arguments. Some typos, proofreading oversights and inconsistent headings for themes and sub-themes in chapters makes for mildly interrupted reading. Overall, many positives and a worthy read.

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