

Abstract

**Flexibility and innovation in response to emerging infectious diseases:
Reactions to multi-drug resistant Tuberculosis in India**

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Emerging infectious diseases regained substantial international attention in recent years and it has been argued that flexibility and innovation in public health systems is needed to meet the changing challenges. This paper will take these policy claims as a starting point to examine the case of multi-drug resistant Tuberculosis (MDR-TB) in India. Based on fieldwork results in India (Jan-Apr 2008) the paper examines how the existing control efforts for TB respond to the emergence of MDR-TB, what solutions are discussed for diagnosing, treating and preventing MDR-TB and what lessons can be learned from that with regard to innovation and flexibility of a public health system in a country like India.

The discussions and reactions to MDR-TB indicate that arguments for flexibility meet constraints of the existing control system and the Indian public health and wider social system. However, the flexibility that is argued for goes beyond what has been envisaged in international policy arenas (mainly focusing on preparation of various capacities in surveillance, detection and research). Rather it involves localized learning and experimenting within existing control structures that are claimed to have become too rigid in trying to keep up quality standards faced with a weakening public health system.

Furthermore, the emergence of MDR-TB shows that existing challenges in TB control resurface and calls for a difficult balancing act between biomedical approaches, socio-cultural values and operational feasibility. There seems to be a trade-off involved in TB control between programmatic feasibility and improvements responding to socio-cultural factors. These trade-off arguments show that the underlying understanding favours efficiency over equity. However, various actors are striving for change and it is in these instances that one can start to understand what flexibility and innovation could mean for a public health challenge such as TB in India. The argument for a detailed analysis of these changes from an innovation perspective is equally applicable for all emerging infectious diseases.