Editorial

Tuberculosis Elimination in India: Bigger Goals, Smaller Commitments

Madhur Verma[1], Bashar MA[2], Jugal Kishore[3]

India continues to remain the perfect host for one of the oldest and dreadful communicable disease -tuberculosis (TB) and accounts for one fourth of the global TB burden. With an incidence of 217 cases per lakh & mortality rate of 36 per lakh population in 2015, 28 lakhs new cases occurred and 4.8 lakh people died due to TB in year 2015.[1]We also have the highest burden of MDR cases in our country, which constitutes about 1.6% of all TB cases. India also bears second highest number of estimated HIV associated TB in the world. About 1.1 lakh cases also had HIV co-infection and this was responsible for about 37,000 deaths. However, the country has managed to maintain a falling trend of incidence and mortality rates from beginning of the millennium. These estimates will be looked back, once we have the final results from the 2015-16 national TB prevalence survey. Despite improvements, TB is still a nightmare for the public health experts of the country as total treatment coverage was just 57%, and the rest of the neglected patients face catastrophic cost of treatment.

DOTS strategy launched two decade back has been appreciated all over the world. However, its sustainability and effectiveness have been questioned.[2]It was well known that the support of the World Bank may not last longer for the chronic disease like TB. However, program was run in vertical mode till the national health mission launched. Due to emergence of multidrug resistance, stagnant achievement of cure and coverage, non-cooperation of private pratitioners, and new dynamics of tuberculosis with non-communicable diseases DOTS strategy may not be impressive to get the funds at the national level. However, lack of requisite level of investment in health is one biggest flaws that depicts bureaucratic inertia towards improvement of health status of the country. The government expenditure on health (1.4% of GDP) is one of the lowest in world and it has even dipped down in comparis on to previous years.[3] Due to this, the budget allocated for India's Revised National TB Control Program (RNTCP) seems insufficient, considering the cost of implementing the National Strategic Plan (NSP) for TB Elimination 2017-2025. Even though, RNTCP is one of the most cost-effective programs launched in India, it has struggled to receive adequate funding that can cope up with the high burden of disease in the country.[4]

Currently, National TB budget is about 52 million US$, with major contributions (87%) from the international funding agencies & only 12% from the domestic sources, which is a cause of concern for sustainability of the Programme. With a substantial increase of budget compared to 2012-17, cost of implementing NSP is anticipated to be around 2.5 billion US$.[5]

To describe the budget allocation for RNTCP, it is withdrawn from the “Flexible Pool for Communicable diseases” that is one of the subhead from healthcare in rural India under the union budget’s NRHM head. Recent budget has indicated higher allocations to tuberculosis.

[1,2]Senior Resident, Department of Community Medicine & School of Public Health, PGIMER, Chandigarh.
[3]Director Professor & Head, Department of Community Medicine. VMMC & Safdarjung Hospital, New Delhi.

Correspondence: Dr. Madhur Verma, Department of Community Medicine & School of Public Health, PGIMER, Chandigarh.

E-mail Id: drmadhurverma@gmail.com

Orcid Id: http://orcid.org/0000-0002-1787-8392

How to cite this article: Verma M, Bashar MA, Kishore J. Tuberculosis Elimination in India: Bigger Goals, Smaller Commitments. *Epidem. Int. 2017;* 2(1): 1-2.

Digital Object Identifier (DOI): https://doi.org/10.24321/2455.7048.201701

ISSN: 2455-7048

© ADR Journals 2017. All Rights Reserved.

Funding appears to have increased by Rs 87 crore over a year to 2017-18, but the revised budget estimates-drawn up after the budget is presented-reveals a drop of Rs 13 crore over 2016-17. Adjusting for purchasing power parity, the funds available for TB control would be even lower, which means there are no new investments at a time when we have seen a rise in number of deaths in 2015 as compared to 2014, thanks to e-Nikshay! India is a signatory to the WHO's 'The End TB Strategy' that calls for a world free of tuberculosis, with measurable aims of a 50% and 75% reduction in incidence and deaths, respectively by 2025, and corresponding reductions of 90% and 95% by 2035. To meet these targets, India is adopting newer strategies, such as increasing rapid molecular diagnostics, Cartridge Based Nucleic Acid Amplification (CBNAAT) sites provide rapid decentralised diagnosis of MDR-TB, and use of Bed aquiline, a new anti-TB drug through conditional access to treat drug-resistant TB.[5]Also, the Supreme Court also directed the government of India to move from alternate-day medication to a more effective daily regime that will add-up to existing scarcity. [6]

This can jeopardise the program by serious consequences like stock-outs of key TB medicines, and inadequate or shortage of specialised diagnostic kits, increasing patient's sufferings and sometimes relapse or drug resistance, a public health crisis India is already suffering from. Not only that, the procurement and supply chain management continues to be a problem area with delays in procurement of GeneXpert (diagnostic), bad storage conditions and limited capacity of states. It's important to take more onus of healthcare funding, and abrupt changes without planning for transition could push these programmes into a crisis.

Just dealing with tuberculosis will not help us in achieving the elimination goals until and unless we address the key determinants of TB, especially poverty, under nutrition, and tobacco smoking which have been clearly linked with TB morbidity and mortality.[7-10] In view of current scenario, India's mighty goal to eliminate TB by year 2025 could only be achieved with more political commitment, by increasing the allocation of budget in the program, proper utilization of the funds along addressing the key determinants of TB.

References

1. World Health Organization. Global Tuberculosis Report 2016. Geneva: WHO, 2016:1-192.
2. Kishore J. National Health Programs of India. New Delhi: Century Publications 2017.
3. The Lancet. Health in India, 2017. Lancet 2017; 389:127.
4. Babu R, Sagili K, Jacob A, et al. Resource optimisation for tuberculosis elimination in India. Econ Political Wkly 2016; L1:26-7
5. Pai M, Bhaumik S, Bhuyan SS. India's plan to eliminate tuberculosis by 2025: converting rhetoric into reality. BMJ Global Health 2017; 2:e000326. doi:10.1136/bmjgh-2017- 000326
6. Mohan P. Rs 10,290 Cr boost for health hides funding cuts for key programmes. India Spend 2017. http://www.indiaspend.com/cover-sto ry/rs-10290-cr-boost-for-health-hides-funding-cuts-for-key-programmes-33876(last accessed 21- May- 2017).
7. Bhargava A, Benedetti A, Oxlade O, et al. Undernutrition and the incidence of tuberculosis in India: national and subnational estimates of the population-attributable fraction related to under nutrition. Natl Med J India 2014; 27: 128-33.
8. Jha P, Jacob B, Gajalakshmi V, et al. A nationally representative case-control study of smoking and death in India. N Engl J Med 2008; 358:1137-47.
9. Oxlade O, Murray M. Tuberculosis and poverty: why are the poor at greater risk in India? PLoS One 2012; 7:e47533.
10. Pai M. Reducing global tuberculosis deaths-time for India to step up. The Lancet, 389(10075): 1174 -76.