Resource Optimisation for Tuberculosis Elimination in India

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The World Health Organization's "End TB Strategy," envisages a tuberculosis free world, with a target to end the TB epidemic by 2035. For this, its member states, including India, have to secure sufficient resources. Despite India's high economic growth in an otherwise gloomy global economy, it struggles with a resource crunch to support its national strategic plan for effective TB control.

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India has the highest number of tuberculosis (TB) patients in the world, followed by China and Indonesia; 23% of the global total of TB cases are reported from India, followed by China and Indonesia (both the countries account for 10% of the global total each) (WHO 2015b: 8). Despite being a preventable and curable disease, TB kills nearly a thousand people every day. India and Nigeria accounted for one-third of all global TB deaths in 2014. Global TB Report 2015 states "Progress in TB prevention, diagnosis and treatment requires adequate funding sustained over many years" (WHO 2015b). In this context, the Government of India's (GoI) contribution needs to be appropriate.

Inadequate Spending on Health

Twenty years back, the groundbreaking and at the same time controversial World Development Report (World Bank 1993) emphatically urged all governments to invest in their population's health, if they needed to achieve economic growth. India as a signatory to the Millennium Development Goals was also committed to increase its public spending on health to up to 3% of its gross domestic product (GDP). It is considered to be one of the suggested benchmarks (6% of GDP) for universal health coverage.

However, spending on population's health from public funds in India remained dismal at merely 1.34%, while other countries, namely, Brazil, Thailand and South Africa spend 4.5% of GDP on health on an average. Smaller and economically constrained countries like Rwanda, Swaziland, Lesotho, Samoa, Kiribati and Micronesia too invest more than 6% of their GDP on health (WHO 2015a). This underspending on health translates to inadequate funds for various disease control programmes, including the Revised National TB Control Programme (RNTCP).

According to the World Health Organization (WHO) estimates, India required $788 million, to give a full response to its TB epidemic in 2015. However, the current spending on TB prevention and care in India is merely $261 million, indicating a gap of 66% ($527 million). Interestingly, this spending includes a World Bank loan and support from international donors to the tune of $141 million (54%). For example, in 2013 the Global Fund contribution to India was $165 million (WHO 2015a). India's neighbouring countries like China, Brazil, Indonesia and Bangladesh are investing much more in their national TB programmes (Table 1). This indicates a reluctance on the part of the government to invest in TB prevention and care.

Table 1: TB Budget Reported by National TB Programme in 2015

(Current prices, $ millions, exchange rate as on 16 November 2015)

	Resources Required for TB Care as Per WHO Estimate	TB Budgets Rported by National TB Programmes	Gap in Resources
China	340	340	0
Brazil	126	77	49 (38)
Bangladesh	49	48	1 (2)
Indonesia	165	133	32 (19)
India	788	261	527 (66)

Figures in brackets are percentage.
Source: "Global Tuberculosis Report 2015," WHO.

It is interesting to note that, as per WHO estimates, India requires $788 million for 2015 alone. However, the GoI's

Central Tuberculosis Division (CTD) proposed a budget of $881 million for the entire five-year period of 2012–17 under the Twelfth Five Year Plan (FYP). This was for its National Strategic Plan for the universal access of RNTCP (CTD 2015). However, CTD got an approval of $680.6 million only, that is, 33% less than the proposed amount (CTD 2015). With only two more years to complete the Twelfth FYP, total budget approved and released by the GOI for TB control is not more than $322 million, not even 50% of the approved budget (CTD 2015).

Again, as per its approved FYP, the RNTCP should have received $166.3 million for 2014–15 (CTD 2014). Though CTD has raised a request for $205.4 million to meet its expenses for 2014–15, the sanctioned budget remained $107 million, a clear reduction of 52% of the total budget requested (Table 2). Even for 2015–16, the approved financial outlay for RNTCP from the Ministry of Health and Family Welfare is $97 million, a further reduction in allocation for TB prevention and care (MHFW 2016). The financial gap generated often has to be filled by the patients themselves as an out-of-pocket expenditure (OOP). Already OOP is very high in India. As per World Bank 2013, the OOP for health in India is as high as 86% and this high OOP is impoverishing about 6.2% of Indian households (UNESCAP 2015).

Table 2: Financial Performance of RNTCP in the Twelfth FYP
(In $ millions ($66.11 exchange rate as on 16 November 2015))

	2012–13	2013–14	2014–15	Total
Budget requested	105.8	121	205.4	432.3
Approved budget	107.3	107.3	107.4	322
Plan and non-plan Expenditure (plan)	85.7	79.7	59.47*	224.9
Expenditure (non-plan)	14.48	21.17	70.6	106.2
Total expenditure	100	100.87	130	331.2

*Expenditure till December 2014.
Source: TB India 2015, Revised National TB Control Programme Annual Status Report.

Fund Flow

There is a need to identify and understand the deep-seated issues in the fund management of the TB control programme in India. Currently financial management of RNTCP is lying with the CTD, a part of National Health Mission of the Ministry of Health and Family Welfare. State TB cell and district TB cells are playing their respective roles in the financial management at state and district levels. Fund transfers are through state treasury since the financial year 2014–15 and funds are released to the states in two or three instalments (CTD 2015). However, fund flows are often problematic. Disbursals are either delayed or released to the states at the end of the financial year. In the previous year itself, many contractual staff did not receive their salary for many months (Diggikar 2014), and media reports indicate that the same situation is prevailing in many parts of the country (Maya 2016). Hence, it is important to review the financial management and fund disbursal of the RNTCP.

The Way Forward

Investing in health is important for economic growth, especially in TB prevention and care. The (estimated) annual economic loss due to TB is $3 billion in India, since 70% of reported/notified cases occur in the most economically productive age group (15–54 years) (John 2009). The increasing number of Multi Drug Resistant TB (MDR-TB) patients in India is alarming both at economic and human security front. In 2014 itself, about 24,073 patients started treatment on MDRTB. The cost per patient treated for drug-susceptible TB in 2014 ranged from $100–$500 in many countries. However, the cost per patient treated for MDR-TB was typically high ($5,000–$10,000). WHO report states, "Of the $8 billion required in 2015 for TB Control, 20% ($1.6 billion) is required for the treatment of MDR-TB" (WHO 2015b).

India has reported a spending of 29.8% ($78 million) for its MDR-TB treatment, from its already fiscally strapped resources. On a national as well as a per capita basis, India can do far better. Global TB Report 2015 states, "Low-income countries spent on average $516 per TB patient, while upper-middle-income countries invested an average of $5,558." India's investment in TB prevention and care per patient is low; average expenditure per notified TB patient in 2014 was below $120 (WHO 2015b). As a growing economy, this situation should urge India to increase its spending on TB prevention and care early to prevent more deaths and economic loss.

Amidst the global economic slowdown, India has an impressive 7.5% GDP growth in the previous year and is witnessing a steady growth. However, translating those benefits for the well-being of its population is yet to happen. For effective TB prevention and care, efficient resource allocation and timely disbursal of funds to the states is necessary. Ensuring timely wage payment of the staff, would ultimately improve the health as well as the programme outcomes. It is important and urgent for the government to allocate more resources, and manage its funds flow effectively, if it desires to eliminate TB.

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