



Economic burden of tuberculosis in India

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The George Institute
for Global Health India

Facts:

- A total of 2.15 million TB cases were reported in India in 2018, an increase of 17% over 2017.
- It is estimated that ~40% of the population in the country is infected with the TB bacilli and about 10% of them will develop the disease during their lifetime.
- One sputum positive patient can infect 10–15 persons each year if left untreated. Poorly treated patients can develop drug resistance and potentially incurable forms of TB.

Project cycle:

2018-2023

Partners:

*The George Institute for Global Health
The Central TB Division of the Ministry of Health and Family Welfare, Government of India*

Supporters:

*The George Institute for Global Health
The Wellcome Trust / DBT India Alliance
Intermediate Fellowship*

Contact:

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Background:

- The National Tuberculosis Strategic Plan for 2017-22 envisages allocating substantial funds to mitigate the financial hardships of tuberculosis (TB) patients in India. Plans are underway to reimburse travel expenses for diagnostic and treatment purposes, and financial assistance has been provided to cover the cost of nutritional support during treatment.
- India's health budget is one of the most stretched in the world. Therefore, to ensure proper utilisation of available resources and plan for any social protection measures for TB patients, cost information regarding the disease is important. There is a clear lack of comprehensive cost studies on TB in India. This study is an attempt to fill this gap.

Aims:

- To estimate the cost of treating Drug Susceptible (DS) and Multi-Drug Resistant Tuberculosis (MDR-TB) in India from a patient's perspective.
- The study will document the magnitude and main drivers of different types of costs incurred by TB patients in different settings. The results will be helpful in designing policies to reduce financial hardship related to this disease.

Methods:

- Based on World Health Organization methodology, this cohort study will include representation from different populations across four states of India – Assam, Maharashtra, Tamil Nadu and West Bengal.
- Each patient will be interviewed three times to collect information related to the treatment cost of TB. Those with DS-TB will be interviewed once in the intensive phase (0-2 months), next at the end of the continuation phase (5-6 months) and six months after treatment. MDR-TB patients will be interviewed once at the start of the intensive phase (1-3 months), during the continuation phase (6-12 months), and at the end of treatment (24 months).

Impact:

- The study results will inform the design of benefit packages for TB patients in India, and help formulate strategies to mitigate catastrophic costs related to the disease.

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