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New study reveals alarming economic burden of tuberculosis treatment in India

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Urgent actions recommended include intensifying private sector engagement, improving rapid diagnosis



Researchers from the George Institute for Global Health India in collaboration with researchers from Indira Gandhi Government Medical College (Nagpur), and the London School of Hygiene and Tropical Medicine (UK) have conducted a survey shedding light on the staggering financial burden faced by Tuberculosis (TB) patients in India.

Their findings underscore the urgent need for both policy and public interventions to alleviate this burden on patients and the nation.

The study conducted against the backdrop of the World Health Organization's End TB strategy, which serves as a blueprint for countries to achieve zero catastrophic costs for TB-affected households, reveals concerning statistics about the economic toll of the disease in India. With the nation bearing the highest TB burden globally, the reported incidence reached 2.42 million cases in 2022.

The George Institute researchers followed a cohort of 1,482 drug-susceptible TB patients across four states in India: Assam, Maharashtra, Tamil Nadu, and West Bengal.

Defined as out-of-pocket expenses exceeding 20% of pre-TB annual household income, catastrophic costs pose a significant threat to the financial stability of millions of TB-affected households in the country.

Of particular concern was the fact that for over half of the participants who faced catastrophic cost, costs became catastrophic even before commencing TB treatment due to delays in diagnosis. The average delay of 7-9 weeks from symptom onset to treatment initiation, twice the accepted delay period, resulted in substantial financial burdens from repeated consultations, tests, and travel expenses.

Supply-side interventions such as intensifying private sector engagement and rapid diagnosis are crucial, alongside demand-side initiatives like community awareness campaigns. Addressing the delay in diagnosis through early case detection and active community engagement is paramount to reducing economic burdens.

The study also advocates for the reimbursement of pre-treatment expenses through health insurance, emphasizing the need for improved coverage and utilisation.