

When should we be able to divert the cost of tuberculosis to other diseases?

Dear Editor,

A country's development and progress are based on its economy and gross domestic product (GDP). A recently published article in your journal introduces the past, present, and future of the Indian economy specifically related to healthcare. The author has nicely described the high burden of communicable and noncommunicable diseases. The authors have covered tuberculosis (TB) under communicable disease. We want to add some perspective to point out the status of TB burden on the Indian health economy.^[1]

Southeast Asian countries share more than 40% of the global TB burden and India is one of them. India belongs to the bracket of lower-middle-income countries.^[2] Each and every single expenditure thing will have an effect on our country's economy, either the share market or the healthcare system. As per recently published data, the Indian economy cost around \$32 billion every year in TB-related fatalities.^[1]

TB is an old and infectious disease that makes a patient immunocompromised. TB patients have more chance to get other infectious diseases which makes patient's life more troublesome in health and wealth both ways. The World Health Organization (WHO) and Government provide free testing and treatment for TB patients but this is not enough to control and eliminate the disease.^[3] Majority of the patients belong to the lower and lower-middle-class family, which does not have the facility to get proper nutritious food; due to malnourishment, the patient does not get the treatment benefits that they need. Various studies revealed that several risk factors are responsible for the development of TB specifically drug-resistant TB and malnutrition, low body mass index, and low economy are few of them.^[4]

The Indian government is giving some amount to the patient to comply with treatment but that is not enough. To get benefits

from the government, patients need to pass various documentary processes. Many patients stop the treatment in between due to these hectic procedures.^[5]

WHO and the government had the goal of END TB program to eradicate TB from India by the year 2025. Government and supportive people are on the right way but coronavirus disease 2019 (COVID-19) pandemic took us back foot.^[6] TB not only is a fatal disease but also puts a lot of stress on the treasury. So, if TB is eliminated, a lot of funds can then be diverted to take care of other infectious diseases. So realistically, we can eliminate TB maybe by 2030. Out of all the programs mentioned, maybe TB is one entity, we can believe can be taken care of monetarily.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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References

1. Singh N, Shukla R, Acharya S, Shukla S. The past, present, and future of health economics in India. *J Family Med Prim Care* 2022;11:7513-6.
2. Global Tuberculosis Report 2022. Geneva: World Health Organization; 2022.
3. Mauch V, Bonsu F, Gyapong M, Awini E, Suarez P, Marcelino B, *et al.* Free tuberculosis diagnosis and treatment are not enough: Patient cost evidence from three continents. *Int J Tuberc Lung Dis* 2013;17:381-7.
4. Cho SH, Lee H, Kwon H, Shin DW, Joh H-K, Han K, *et al.* Association of underweight status with the risk of tuberculosis: A nationwide population-based cohort study. *Sci Rep* 2022;12:16207.
5. Patel BH, Jeyashree K, Chinnakali P, Vijayageetha M, Mehta KG, Modi B, *et al.* Cash transfer scheme for people

with tuberculosis treated by the National TB Programme in Western India: A mixed methods study. *BMJ Open* 2019;9:e033158.


6. Mukhida S, Mirza S, Kannuri S, Das NK. Are the diagnosed cases of tuberculosis just the tip of Iceberg? Comments on "Syndemic of Tuberculosis and COVID-19 in Bangladesh". *Asia Pac J Public Health* 2022;34:875-6.

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Received: 31-01-2023

Accepted: 11-02-2023

Published: 31-05-2023

Access this article online	
Quick Response Code: 	Website: www.jfmpc.com
	DOI: 10.4103/jfmpc.jfmpc_214_23

How to cite this article: Mukhida SS, Das NK. When should we be able to divert the cost of tuberculosis to other diseases? *J Family Med Prim Care* 2023;12:1024-5.

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