

# India's missing million

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A brief guide to the 2014 World TB Day theme for journalists  
Reach the 3 million. Find. Treat. Cure TB.

# India's missing million

## *How a million TB patients in India are going without diagnosis, treatment and support*

Every year, across the world, nine million people get TB. Of this, it is estimated that one-third – i.e. three million or thirty lakh – do not have access to the services they need. Most of these three million people live in the world's poorest, most vulnerable communities and go untreated or unnoticed by public healthcare systems.

In the 2013 Global Tuberculosis Report<sup>1</sup>, the World Health Organisation referred to these three million as the 'missing' cases<sup>2</sup>. Of this India is estimated to have 9.3 lakh missing patients (almost one million), the highest in the world.

What does this mean? Where are these one million patients and why are they referred to as 'missing'? There are two possibilities:

- They have not been diagnosed with TB, i.e. they do not know they have the disease.
- They have been diagnosed and are receiving treatment for TB in the private sector. This means that we do not have any information about their diagnosis or treatment status – whether they have begun treatment, completed treatment, the quality of care they have received etc.

### **TB in India: Where is India's missing million?**

India has the highest TB burden with 2.3 million cases.<sup>3</sup> The disease continues to be one of the leading causes of death in India killing two people every three minutes and about 750 every day.<sup>4</sup>

To worsen this, India's missing million, if undiagnosed, risks spreading the infection further among their families and communities.

*Not detected or not reported:* The missing patients are either not detected or not reported to government authorities.

*Infecting families and communities:* TB is a highly infectious disease and it is critical that not a single case of TB is missed. When a person with infectious TB is identified, a treatment course spanning 6 – 8 months can usually cure the disease. But any delay in timely and accurate diagnosis or treatment can perpetuate TB transmission, despite the widespread availability of effective and inexpensive treatment.

*Drug-resistance:* With the emergence of drug-resistant TB, treating the disease has become more complicated. Patients with drug-resistant TB do not respond to the basic TB drugs, making it physically and emotionally challenging as well as expensive to treat their condition.

### **How can we ensure that no TB patient goes undetected?**

In order to fight the challenge of TB globally and nationally, it is imperative that all stakeholders (including government, private health care sector, scientific experts, researchers and civil society join

<sup>1</sup> World Health Organisation (2013) Global Tuberculosis Report. Available from: [http://www.who.int/tb/publications/global\\_report/en/](http://www.who.int/tb/publications/global_report/en/)

<sup>2</sup> Stop TB Partnership (2014) World TB Day Concept Note. Available from: <http://www.stoptb.org/assets/documents/news/WORLD%20TB%20DAY%202014%20concept%20note.pdf>

<sup>3</sup> Directorate General of Health Services, Ministry of Health and Family Welfare, 'TB India 2013, RNTCP Status Report' 2013 Available from: [www.tbcindia.nic.in](http://www.tbcindia.nic.in)

<sup>4</sup> TBC India (2013), Key facts. Available from: <http://www.tbcindia.nic.in/key.html>

hands and work together to:

- **Improve awareness of TB:** Deep-rooted stigma and misconceptions related to the disease can prevent someone from accessing services. It is important to spread the message that TB is treatable and curable. This will in turn promote health-seeking behaviour and encourage people to seek diagnosis and care when required.
- **Encourage accurate TB diagnosis and treatment:** Accurate and early diagnosis is central to the control of TB in India. New and affordable diagnostic tools, when used correctly, can mitigate the impact of the disease on the patient and family.
- **Ensure the rational use of drugs:** Both doctors and patients have a role in preventing new cases and lowering the rates of drug-resistant TB. Doctors should follow standardized treatment regimens and guidelines while treating TB symptomatic and TB patients. Patients can ensure that they complete a course of medication as prescribed, without stopping midway.
- **Build partnerships between the public and private sectors:** Almost 50% of India's TB patients are treated in the private sector which is unregulated. The ambitious goal of providing universal access to quality diagnosis and treatment can only be achieved if the public and private sectors work together. In 2013, the Government of India made it mandatory for all providers in the private sector to notify TB cases.

## TB in India: what you should know

- **TB Mortality:** TB kills three lakh<sup>5</sup> Indians every year and is among the top four causes of death among adults.
- **Economic Impact of TB:** The direct and indirect cost of TB in India is estimated to be \$23.7 billion annually.<sup>6</sup> On average, an individual with TB loses three to four months of work time. This translates to 20-30% of the annual household income that families lose on average.<sup>7</sup>
- **Social Impact of TB:** TB disproportionately affects the poor, especially women and children. Three lakh children become orphans on account of TB and one lakh Indian women are rejected by their families every year.<sup>8</sup>
- **Drug-resistant TB:** With an estimated incidence of 99,000 cases, multi-drug resistant TB (MDR-TB) is difficult and expensive to treat.<sup>9</sup> The treatment of drug-resistant TB can cost between Rs. 2 lakh-Rs. 5 lakh and can take more than two years. The treatment process is so expensive, complex and toxic that a third of all MDR-TB patients die.
- **Urban TB:** High population density, a heterogeneous private sector and poor living conditions fuel the spread of TB. Over half of all TB patients in urban cities like Mumbai are managed in the private sector, where the quality of care is highly variable. Urban slum dwellers are at a higher risk of acquiring TB in comparison with others.

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<sup>5</sup> TBC India: Facts. Available from: <http://www.tbcindia.nic.in/faq.html>

<sup>6</sup> Directorate General of Health Services, Ministry of Health and Family Welfare, 'TB India 2012, RNTCP Status Report' 2012 <http://tbcindia.nic.in/pdfs/TB%20India%202012-%20Annual%20Report.pdf>

<sup>7</sup> Directorate General of Health Services, Ministry of Health and Family Welfare, 'TB India 2012, RNTCP Status Report' 2012 <http://tbcindia.nic.in/pdfs/TB%20India%202012-%20Annual%20Report.pdf>

<sup>8</sup> Muniyandi. M et al (2006) Socio-economic dimensions of tuberculosis control: Review of studies over two decades from Tuberculosis Research Centre. Journal of Communicable diseases. P.204-215

<sup>9</sup> Directorate General of Health Services, Ministry of Health and Family Welfare, 'TB India 2012, RNTCP Status Report' 2012 <http://tbcindia.nic.in/pdfs/TB%20India%202012-%20Annual%20Report.pdf>

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This document was drafted by Global Health Strategies for REACH and is intended as a resource for journalists who are planning stories on the World TB Day theme. If you have any questions, do get in touch with us at [anupamasrinivasan.reach@gmail.com](mailto:anupamasrinivasan.reach@gmail.com)

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