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## India Should Assume More Responsibility for Its TB Programmes, Global Fund Committee Says

Given India's economic status, the government should assume greater responsibility for TB programmes, and should ultimately assume full responsibility.

This view was expressed by the Grant Approvals Committee (GAC) when it approved funding for the next implementation period of three single-stream-of-funding (SSF) TB grants in India. The principal recipients (PRs) for the grants are the Central TB Division (CTD) in the Ministry of Health and Family Welfare (MOHFW); the Southeast Asia Office of the International Union Against Tuberculosis and Lung Disease (IUATLD) ; and World Vision India (WVI).

The GAC said that over the past year, questions have been raised about the sustainability of India's Revised National TB Control Programme (RNTCP). In 2012–2013, the Indian Government contributed only \$136 million, which was \$44 million short of the projected budget of about \$180 million. Health officials expect the gap to grow to \$150 million in 2013–2014. The GAC said that in the next implementation period, funding from World Bank and the UK Department for International Development (DFID) will not be available, and that the US Agency for International Development (USAID) is expected to provide only modest amounts of technical assistance support.

Further, the technical partners on the GAC said they were disappointed that it is still necessary for the Global Fund to contribute to funding first-line TB drugs in India.

The GAC recommended that a high-level inter-agency task force be established to engage the country's political leadership. The GAC suggested that the composition of the task force include the Global Fund, the World Health Organization, the World Bank, USAID, the (US) Centers for Disease Control and

The GAC noted that India has more new TB cases annually than any other country. In 2011, out of the estimated global annual incidence of nine million TB cases, 2.2 million were estimated to have occurred in India.

The GAC said that India has made significant progress in TB control and that although performance of the programme varies widely across the country, by most measures the RNTCP has largely achieved its targets. The RNTCP has entered its third five-year phase of implementation, and is currently focusing on early and complete detection of all cases of TB, including drug-resistant TB and HIV-associated TB. The programme has increased the involvement of the private sector in improving care for TB patients.

The GAC said that all three PRs face challenges in controlling TB in vulnerable groups, including inadequate population coverage, uneven quality of services, and funding gaps for procurement of second-line anti-TB drugs.

In addition, drug procurement has been characterised by frequent delays, due primarily to the requirement for multiple approvals from MOHFW at different stages of the tendering process. This has resulted in periodic shortages or stock outs.

Finally, the quality of laboratory services and inventory management practices has been poor.

The GAC listed several objectives that it said should be prioritised in the next implementation period, including: (a) to expand TB notification rates; (b) to expand multiple-drug-resistant TB diagnosis and treatment; (c) to address TB/HIV co-infection, with particular attention to increasing the percentage of TB patients who are tested for HIV; and (d) to invest in urban care models in order to reach more vulnerable and marginalised people, especially in urban slums.

The Global Fund Board approved incremental funding in the amount of \$171 million for the grant managed by the CTD; in the amount of \$24 million for the grant managed by IUATLD; and in the amount of \$4 million for the grant managed by WVI.

Information for this article was taken from Board Decision B28-EDP-22 and from B28-ER-17, the Report of Secretariat Funding Recommendations for May 2013. These documents are not available on the Global Fund website. The Global Fund also recently approved funding for Phase 2 of two HIV grants in Namibia (see [GFO article](#)).

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