



# Is It the Right Time for India to Move from Targeted Cash Transfers to Universal Cash Transfers for Patients with Tuberculosis?

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**Key words:** Targeted Cash Transfers, Universal Cash Transfers, Tuberculosis, catastrophic costs, End-TB strategy

Dear Editor,

India is looking to eliminate tuberculosis (TB) by the year 2025, five years ahead of the global target of 2030.<sup>1</sup> Apart from reducing the incidence and deaths due to TB, it has also been suggested to reduce the costs incurred by patients with TB.<sup>2</sup> World Health Organization (WHO) has defined costs incurred by families affected with TB beyond 20% of annual household income as catastrophic,<sup>3</sup> as this cut-off most commonly corresponds with unsuccessful TB treatment outcomes.<sup>4</sup> Interestingly, under the End-TB strategy, none of the TB-affected households are supposed to incur catastrophic costs right from the year 2020 - these levels of 'zero' percentage of catastrophic costs to be maintained till the year 2030 and beyond.<sup>2</sup> Even with these targeted milestones, globally, 43% (95% CI 34%-51%) of TB-affected households incur catastrophic costs.<sup>5</sup> Various researchers in India have reported the TB catastrophic costs as ranging between 4% and 68%,<sup>6-8</sup> however, very few researchers have estimated costs using the updated WHO tool.<sup>6</sup>

The 'catastrophe' of the catastrophic costs is that the TB-affected family is forced to spend their earnings/savings on the care of the patient with TB to the extent that it forces the family below the poverty line. Families employ coping strategies such as borrowing money or selling assets to cover anticipated costs of care for TB.<sup>6</sup> Such negative coping strategies, also called dissaving, serve as an indicator of the efforts put in by governments to mitigate the financial hardships of patients.<sup>9</sup> India, to help families soften the

impact of the high anticipated costs, launched a direct benefit transfer (DBT) scheme of Indian Rupees (INR) 500 per month for patients with TB till the time they are on the treatment regimen.<sup>10</sup> The cash assistance scheme acted as a 'shock absorber' for patients debilitated with TB and also has been reported to improve their treatment outcomes.<sup>11</sup> But, lack of complete coverage and delays in receipt of the cash assistance were highlighted by researchers.<sup>11,12</sup>

Nearly half of patients with TB in India seek care from private practitioners, thereby increasing their direct medical costs. Apart from the direct medical costs, patients incur direct non-medical costs (transport, accommodation, food), and indirect costs (loss of wages and loss of family income) while visiting the clinics. Many of these costs are common for the care of other diseases as well.<sup>13</sup> A study, using economic models, favored the targeted approach in reducing the TB catastrophic costs among poor families, at the same time favoring the 'universal' approach to alleviate poverty.<sup>14</sup> Targeted cash transfers are found to include a smaller population and most commonly exclude the poor, whereas universal transfers are reported to achieve poverty reduction with a larger inclusion.<sup>15,16</sup> Even with the risk of excluding most of the eligible population, targeted transfers are reported to achieve substantial welfare gains in developing countries.<sup>16</sup>

It would be difficult to eliminate TB unless governments start working towards bringing about equality and the efforts to address poverty start bearing fruits.<sup>17</sup> TB - a disease of poverty - primarily affects

**How to cite this article:** Rupani MP. Is It the Right Time for India to Move from Targeted Cash Transfers to Universal Cash Transfers for Patients with Tuberculosis? *Natl J Community Med* 2022;13(7):494-495. DOI: 10.55489/njcm.130720222225

**Financial Support:** None declared

**Conflict of Interest:** None declared

**Date of Submission:** 22-06-2022

**Date of Acceptance:** 08-07-2022

**Date of Publication:** 31-07-2022

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the poor, initiating a vicious cycle of malnutrition, re-infections, and financial suffering. A universal cash transfer scheme would not only help patients with TB to cope with the costs of care but also help alleviate their poverty and the vicious cycle. Such a scheme would also reduce the expenditures incurred by governments for implementing a variety of welfare schemes. The healthcare visits of the community at large would increase as the scheme would circumvent the loss of wages, one of the major reasons for treatment interruptions.

It has to be seen how the government considers implementing a universal cash transfer scheme in India with the potential for far-reaching implications, not only for mitigating the costs incurred due to TB but also for other diseases. An amount affordable to the country and useful for the community needs to be calculated, keeping in mind the financial burden a universal cash transfer scheme would have. The economic gains of having a healthy workforce might supersede the financial burden of supporting such an 'unconditional' scheme. It would be a call to improve the social determinants of health and bring about equity in health. With India projected to be added to the list of \$5 trillion economies by the year 2030, deliberations on universal cash transfers today would shape a policy in the future.

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