INDIA INVESTMENT CASE

JULY 2019

Prepared By: India Working Group

India HIV/AIDS Alliance

National Coalition of People Living with HIV in India (NCPI+)

Global Coalition of TB Activists

Caritas India — The Joy of Service...

dnp

India and the SDGs- An overview

In 2015, through the Agenda for Sustainable Development, the world committed to end the three epidemics of HIV, Tuberculosis (TB), and Malaria by 2030. The Government of India is strongly committed to the 2030 Agenda, including the SDGs, as evidenced by the affirmation by Hon'ble Prime Minister and other senior Ministers at various national and international meetings. India's national development goals and its "sab ka saath, sab ka vikas" or "development with all, and for all," policy initiatives for inclusive development converge well with the SDGs. India has played a key role in the formulation of Sustainable Development Goals (SDGs) and its National Development Agenda is mirrored in these SDGs. Home to one-sixth of humanity, a significant share of the global success in achieving SDGs rests with India. Therefore, India will play a leading role in determining the success of the SDGs.

SDG 3 (good health and wellbeing) aims to ensure that people enjoy a level of health that enables them to lead socially and economically productive life. Goal 3 is also closely interrelated with most SDGs such as SDG 1, 2, 4, 5, 6, 8, 10, 11 and 12, 16, 17[1].

SDG India Index[2], a single measurable index developed by NITI Aayog to estimate the progress made in achieving the SDGs and to be used as an advocacy tool has put the score for SDG 3 at 52 - little above the halfway mark towards achieving the SDGs in 2030.

Ending AIDS, TB and Malaria is critical to achieving the SDGs and universal health coverage

In 2015, India pledged to deliver health and well-being for all; achieve universal health coverage (UHC) and build an equitable and sustainable world. Ending AIDS, TB and malaria epidemics by 2030 is important for India to achieve SDG 3 - one of the 17 SDGs dedicated to health. Achieving this milestone by 2030 is within reach, however it is critical that India increases the proportion of public spending on health to meet the goal as well as investments in the Global Fund. To Get Back on Track[3], as well as build on the investments in the Global Fund, it is estimated that at least US$ 46 billion is needed annually to end the three epidemics in low- and middle-income countries with at least US$16.8 to US$18 billion required through the Global Fund for the Sixth Replenishment (2020-2022)- an increase of 22% compared to the US$11.9 billion pledged at the Fifth Replenishment (2017-2019).

It is vital that India steps up the collective action to fight before it is late.

---

[1] *https://www.un.org/development/desa/disabilities/envision2030.html*

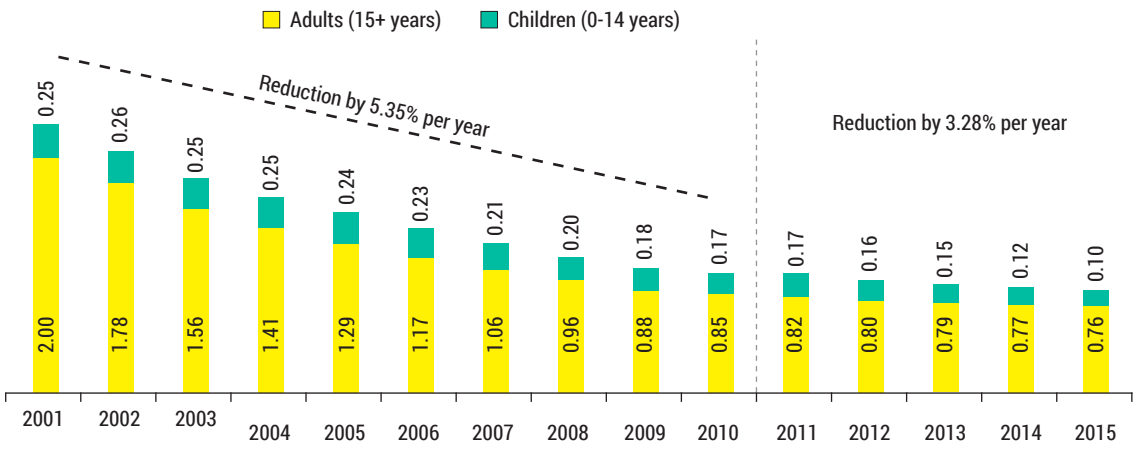
[2] *Niti Aayog, SDG India Index, Baseline Report 2018 (www.niti.gov.in)*

[3] *http://www.globalfundadvocatesnetwork.org/wp-content/uploads/2018/07/Get-back-on-Track-Full-Report-FINAL.pdf*

Are we coping well?

A. HIV- India is home to second largest number of People Living with HIV

India has made remarkable progress in tackling the HIV epidemic. There has been 58% reduction in the number of new HIV infections and 52 % reduction in the number of AIDS related deaths during the period 2000-17. India is one of the countries at the forefront of addressing the HIV epidemic. Last two decades of focussed programming and improved evidence generation has led to a substantial reduction in new HIV infections from the peak levels of 2000/late 1990s.A robust strategic information base and the participation of civil society representing people living with or affected by HIV, played a vital role in reducing new HIV infections by nearly 60% (rate of 5.35% decline/year) from 2000 to 2010. However, the pace of decline has slowed reaching an average of 3.28% per year in 2010-2017 reflecting a possible plateauing of the epidemic (See figure below and table).



Also, only 56% of people living with HIV who required ART received the treatment (against 2020 target of 71%) and 79% knew their HIV status in 2017 (against 2020 target of 90%).

On the current trajectory, we are unlikely to reach 'the last mile' – required to ensure a more effective, sustained and comprehensive coverage of AIDS- related services. As seen from the two tables, there is a shortfall of 6226 crore INR (935 million USD) for the period 2017-2020, calculated as difference between the amount stated in the National Strategic Plan (NSP) and the budget allocated during this period. It is critical that investments are made now for achieving 'Three Zeros' - zero new infections, zero AIDS-related deaths and zero discrimination, goals laid out in the National Strategic Plan on HIV/AIDS and STI, 2017-24 for 'paving the way for an AIDS free India'.

The National Strategic Plan (NSP) 2017 - 2024 is the plan produced by the Government of India (GoI) in consultation with key stakeholders and experts, which sets out what the government believes is needed to eliminate HIV. It describes the activities and interventions that the GoI believes will bring about necessary in addition to what is already being delivered on the ground. Unfortunately, India has not been on track so far with respect to the investments needed to achieve the goals..

NSP year wise budget estimates (In crores) for the period 2017-24 was as follows:

Year	Budget (INR in Cr)	Budget allocated (INR in Cr)	Shortfall (INR in Cr)
2017-18	3182	2000[4]	1082
2018-19	3904	2100[5]	1404
2019-20	4481	2500[6]	1981
2020-21	4793	-	-
2021-22	5076	-	-
2022-23	5550	-	-
2023-24	6104	-	-

Total NSP estimate (2017-24) **INR 33088 Cr (4.67 Billion US$)**

If India is serious about the commitment to control AIDS epidemic we will have to not only live up to our financial commitments but also step up on our political commitments, because as of now the situation based on the current data we are almost sure that we will miss the target.

[4] *https://mohfw.gov.in/basicpage/annual-report-department-health-and-family-welfare-2017-18*

[5] *https://mohfw.gov.in/basicpage/annual-report-department-health-and-family-welfare-2017-18*

[6] *https://openbudgetsindia.org/dataset/department-of-health-and-family-welfare-2019-20/resource/34400b7a-7231-456b-84f8-d1b391f83282?inner_span=True*

Budget allocated and the trend of Annual incidence of new HIV infection for the period 2013-19.

Year	Budget Allocated (in Crores)	Annual incidence of new HIV infection (in thousands)
2013-14	1500	94
2014-15	1397	89
2015-16	1615	86
2016-17	1753	80
2017-18	2000	87
2018-19	2100	88[7]
2019-20	2500	N/A

Rima Devi, 34-year widow used to earn a living as a vegetable vendor after losing her husband to HIV 12 years ago. She had acquired HIV infection from her husband who was an Injecting drug user. Her health deteriorated soon after and was put on ART by her doctor. She was registered at the local government ART center in Bishnupur. Seeing her face, a lot of physical and economic hardships due to failing health and financial situation, she was referred a local Vihaan funded Care & Support Center (CSC) linked to the ART center in 2015.

Vihaan, an initiative funded by the Global Fund and implemented by Alliance India, State and District level PLHIV networks and local NGOs provides access to a range of quality care & support services. Linked to nearby ART Centres, CSCs serve as safe spaces for PLHIV offering services like counselling, outreach and follow-up support, health referrals, and linkages to social welfare schemes.

In 2018, Rima was referred by CSC to a financial scheme under the Department for Welfare of Minorities and Other Backward Classes (MOBC) which provided financial assistance for income generation. Under this scheme, she was provided a sewing machine to start a tailoring business. Today she is self- sufficient with regards to her financial needs and in a position to run a happy life, both for herself and her children.

[7] *https://aidsdatahub.org/sites/default/files/country_review/India_Country_Card_2019.pdf*

B. Tuberculosis - India bears the highest burden of TB and HIV-TB coinfection

Government of India has set an ambitious goal of ending TB by 2025. Indian government's Revised National TB Control Program (RNTCP) has over the years contributed immensely to bringing down TB mortality and morbidity. There has been a *32%* reduction in the deaths due to TB (excluding HIV+ve) and *8%* reduction in the number of new cases of TB (all forms) during the period 2000-17. With 2020 target of 90% coverage, by India has only achieved 65% coverage of cases requiring regular TB treatment and only 27% coverage in the case of MDR cases.

Late diagnosis, non-adherence of treatment, co-morbidities like HIV, drug resistant TB continue to be challenges for the national program. India would require to bring down the incidence of TB by 15-20% annually as against current rate of decline at 1-2% / year if it has to achieve its goal of ending TB by 2025[8].

To achieve government of India's ambitious targets of eliminating TB, the National TB program requires increased finances for uninterrupted and timely implementation of the program activities.

[8] *Annual report CTD*

Budget allocation for 2012-18[9] and trend in TB notification 2012-18.

Years	Budget (INR Cr)	TB Cases in Million (notified)
2012-13	700	1.47
2013-14	800	1.45
2014-15	1358	1.55
2015-16	1300	1.61
2016-17	1000	1.70
2017-18	2200	1.9[10]
2018-19[11]	3858	-

An estimated budget of 16649 crore will be required over next three years to transform TB control and achieve the national goal of ending TB as a major public health problem by 2025 according to the NSP developed for TB for the period 2017-25.

Years	Budget in INR Cr	Budget allocated (INR in Cr)	Shortfall (INR in Cr)	NSP target for eliminating TB by 2025 (# of TB Cases notified (in Million)	Other NSP Targets by 2025
2017-18	4870	2200	2670	2.65	1. 80% reduction in TB incidence (217/lakh in 2015 to 43/ lakh) 2. 90% reduction in TB mortality (32/lakh in 2015 to 3/lakh) 3. 0% patient having catastrophic expenditure due to TB (35% in 2015 to 0%)
2018-19	5527	3858	1669	3.00	
2019-20	6252	-	-	3.6	
	Total NSP estimate (2017-20)			**16,649 Cr (2.5 billion USD)**	

As seen in the two tables above, there has been a shortfall of 6052 crore INR (909 million USD) for year *2017-19,* calculated as difference between the amount stated in NSP and the budget allocated during this period.

---

[9] *India TB report 2018*

[10] *https://www.who.int/tb/publications/global_report/gtbr2018_annex2.pdf?ua=1*

[11] *https://www.who.int/tb/publications/global_report/gtbr2018_annex2.pdf?ua=1*

Report of the Joint TB Monitoring Mission (JMM), India, 2015 observed that the implementation of the NSP for 2012-2017 did not achieve the desired increase in case detection through RNTCP. In addition, the ambitious expansion of resources planned under the NSP, 2012-2017 will have tripled the expenditure of the prior plan, but has not been matched by allocations. While RNTCP expenditure has increased 27% since 2012, there is a growing gap between the allocation of funds and the minimum investment required to reach the goals of the Plan.

Significant increase in the budget allocations for financial years (FY) 2017-2018 and beyond will be required to implement the NSP. There is an urgent need for advocacy with national government and for aggressively pursuing resource generation strategies. The cost of implementing the new NSP at Rs 16,649 Crores (USD 2485 Million) is significantly more than the last NSP budget.

Project Axshya equips HIV treatment centres with tools and training for rapid TB diagnoses

One of the main challenges in regular screening of HIV patients for TB, as recommended by World Health Organization is the lack of availability of tools at the treatment centres visited by PLHIV. Project Axshya. (meaning "free of TB"), implemented by The Union[12] through REACH and seven civil society partners and supported by Global Fund facilitates the screening and testing by collecting and transporting sputum samples to HIV treatment centres equipped with Xpert MTB/RIF machines in states of Bihar, Karnataka, Madhya Pradesh, Maharashtra, Punjab, Tamil Nadu and Uttar Pradesh. By providing rapid and accurate TB diagnoses, PLHIV now have better access to the tools that aid in early diagnosis and improved treatment outcomes. Project staff has trained community volunteers based in each centre to screen PLHIV for TB and collect samples for testing when necessary.

Between October 2015 and December 2017, nearly 4,000 patients were tested for TB, of whom 285 were found to have active TB and nine were diagnosed with drug-resistant TB. All the diagnosed cases were linked to nearby TB care centres for treatment.

[12] *International Union Against Tuberculosis and Lung Disease*

C. Malaria - India has the highest burden of malaria, outside of Africa

India has made significant progress in the fight against malaria, halving the number of malaria cases since 2000, and aiming at elimination. Between 2000 and 2018, reported malaria cases have declined from 2.03 million to 0.84 million and reported malaria deaths also declined from 959 to 98. In spite of being the highest burden country outside of Africa, India showed a 22% decline in reported cases in 2017 compared with 2016.[13]

However, many challenges to progress remain. As per the World Malaria Report 2018, India accounted for 68% of the reported cases and 65% of malaria deaths in South-East Asia Region (comprising 11 countries). The malaria epidemiology in India demonstrates vast heterogeneity and most of the cases of malaria are concentrated in tribal and remote areas of the country with yet to be optimal coverage for services and surveillance and M&E. Shortage of skilled human resources, and lack of private sector involvement are some of the other challenges. Other issues that need attention include: drug resistance, insecticide resistance and sustained funding.

---

[13] *World Malaria Report*

Cases are concentrated in eastern, north eastern and parts of central India with state of Odisha alone contributing to nearly 25% of reported annual malaria incidence in the country (NVBDCP, India) In India, the malaria program is managed by National Vector Borne Disease Control Program along with other vector borne diseases. The goal of the malaria program and National Strategic Plan (NSP) 2017-2022 is to eliminate malaria by 2030. The vision for malaria control has now shifted to sustained malaria elimination for which the government has developed a National framework for Malaria elimination in India 2016-2030. It aims to eliminate malaria (zero indigenous cases) throughout country by 2030 and maintain malaria free status in areas where malaria transmission has been interrupted and prevent its re-introduction.

Budget allocated and trends in malaria cases and mortality 2015-18

Year#	Budget required according to NSP (INR in Cr) (from NVBDCP)	API (Source: NVBDCP)	Number of Cases (Source: NVBDCP)	Estimated malaria cases (Source: World Malaria Report 2018)	Malaria Deaths	
					Annual Malaria Report - NVBDCP	World Malaria Report 2018
2015	541	0.89	1.2 mn	12.20mn	384	20326
2016	490	0.85	1.1 mn	12.63mn	331	22786
2017	468	0.64	0.85mn	9.6mn	194	16733
2018	439[14]	0.31*	0.38mn*		85*	-

**Provisional. #budget year is FY whilst malaria indicators are for the calendar year stated here*

NSP 2017-2022 estimates for progressing towards malaria elimination

Year	NSP estimates (INR in Crores)	NSP Goals for eliminating Malaria by 2030
2017-18	1140	1. Eliminate Malaria in category 1 districts (API<1) by 2020 2. Eliminate Malaria in category 2 districts (API, 1-2) by 2022 3. Reduce transmission in category 3 districts to stabilize API at < 1by 2022
2018-19	2194	
2019-20	2102	
2020-21	2326	
2021-22	2888	
	Total NSP estimate (2017-22)	**10653 Crores (1601 million USD)[15]**

Sustaining the gains achieved so far and eliminating Malaria are difficult without long term political and financial support. Advocacy is key for the programme and its partners for seeking political commitment and resource mobilization. Current NSP 2017-2022 resource requirement is estimated to be INR 10,653 crores and the funds are expected to be mobilized from the Government of India, as well as corporate sector and international donors like the Global Fund.

Community Ownership of Malaria Prevention & Control Initiatives

Luhasila is a Malaria prone tribal village in Mayurbhanj district of Odisha. It is located on a hill top with very poor road connectivity. The village has long been ravaged by Malaria. The villagers sought the help of traditional healer and quacks for all their health problems including Malaria. The malaria program engaged Chamru Soren, a local tribal boy as Community Health Volunteer, who with support of the peripheral health worker would hold community consultations to raise awareness about malaria especially about early diagnosis, importance of treatment adherence and Long Lasting Insecticidal Nets and also make available basic healthcare services at the doorstep.

After experiencing resistance in the beginning he managed to convince the Tribal Samaj leaders to come together to raise awareness about Malaria in the local community. They identified three local youth to support them in their initiative. They used the folk art of playing the traditional drum called 'dengura' for the awareness campaign. The beating of the drum would be accompanied with recitation of anti-malaria messages in the local tribal Santhali (local dialect). Messages were about early diagnosis & complete treatment, Indoor Residual Spraying, source reduction, availability of rapid blood test along with appropriate medicines and dangers of seeking the wrong treatment from quacks. Villagers across gender and age took part in these meetings. This community led initiative went a long away in raising awareness about malaria in the village.

D. Domestic Health financing in India

UHC 2030[16] movement has stated that the current funding levels are insufficient to achieve UHC by 2030 and that the Governments will need to increase domestic investment and allocate more public financing for health through equitable and mandatory resources. For this, the governments would have to improve efficiency and equity in the use of existing resources and reduce reliance on out-of-pocket payments.

One of the key Ask's from the UHC2030 movement led UN High-Level Meeting on Universal Health Coverage was to call upon all national governments to adopt ambitious investment goals for UHC by 2023 and make progress in mobilizing domestic pooled funding and reduce catastrophic health expenditure (SDG 3.8.2).

Deficiencies in India's health financing system, has caused health inequity, inadequate availability, poor reach, unequal access, poor quality and costly healthcare services. The proportion of public spending on health in India is significantly low as demonstrated (table below) by the figures from 2009. This reflects low priority accorded to the health sector by the government.

	Total public spending as % GDP	Public spending on health as % of total public spending	Public spending on health as % of GDP
India	33.6	4.1	1.4

[16] *'Moving Together to Build a Healthier World 'Key Asks from the UHC Movement UN High-Level Meeting on Universal Health Coverage.*

Public health expenditure				
Year	Expenditure (in Crores)	Population (in Crores)	Per capita Public Expenditure on Health (in Rs.)	Percentage of GDP (%)
2009-10	72,536	117	621	1.12
2010-11	83,101	118	701	1.07
2011-12	96,221	120	802	1.10
2012-13	1,08,236	122	890	1.09
2013-14	1,12,270	123	913	1.00
2014-15	1,21,600	125	973	0.98
2015-16	1,40,054	126	1112	1.02
2016-17	1,78,875	128	1397	1.15
2017-18	2,13,719	129	1657	1.28

At 1.28 % of GDP in 2017, -a figure which has remained almost unchanged in six years since 2009--India's public health expenditure is amongst the lowest in the world, lower than most low-income countries which spend at least 1.4% of their GDP on health[17].

National Health Policy 2017 has recommended increasing the public-health spending to at least 2.5% of GDP by 2025. It is important to remember that the government had in the past, missed the 2010 target of 2%. However, UHC2030 movement has called all national governments in low and lower middle income countries to set, at least 5% of GDP as an appropriate spending target for investments in health which will be consistent with sustainable national development strategies, and ensure efficient and equitable allocation of resources to Primary health care.

India's low public-health spending is one of the reasons why patients turn to the private sector for healthcare. Indians are the sixth biggest out-of-pocket (OOP) health spenders in the low-middle income group of 50 nations. India's $24 (Rs 1657) per capita spend on health is fourth lowest in the South East Asian Region. Nearly 67 per cent[18] of people incur heavy out of pocket expenditure on health making it unaffordable to a majority of population especially residing in remote and rural areas.

The GF investment and other investment in India for HIV/TB and Malaria

The Global Fund is a unique partnership of governments, civil society, technical agencies, the private sector and people affected by the three diseases to end the epidemics caused by them. Formed in 2002, GF pools the world's resources to invest strategically in programs to end these epidemics. It mobilizes and invests more than US$4 billion a year to support programs run by local experts in more than 100 countries.

---

[17] *National health profile 2018*

[18] *NHSRC, National Health Accounts Estimates for India, Ministry of Health and Family Welfare, Government of India, 2017*

GF promotes innovative solutions to global health challenges and countries supported by GF take the lead in implementing the programs designed to tackle AIDS, TB and malaria.

Globally, it is estimated that every dollar invested brings a high return: 1:17 for HIV, 1:27 for TB, and 1:28 to 40 for malaria[19]. Similarly, benefits of investment in Global Fund include: for every US$1 invested, a US$ 19 return on investment in heath gains and economic returns[20].

Table below illustrates the overall financing of all the three disease programs including percentage NSP requirement funded by different funding mechanisms (domestic, external and GF) and the total budget proposed by governments for the period 2018-20.[21]

	Global Fund disbursements for the period	**% of the NSP funded for period 2015-17 through different funding mechanisms**	**Global Fund disbursements for the period**	**% of the NSP funded for period 2015-17 through different funding mechanisms**	**Global Fund disbursements for the period**	**% of the NSP funded for period 2015-17 through different funding mechanisms**
2014-2016	**$268.3m** (only HIV/ AIDS)	45%	$330.4m	22%	$107.9m	52%
2017-2019	**$913k** (HIV/AIDS) **$757** (TB/HIV)		**$2.4m** (only TB) **$757k** (TB/HIV)		**N/A**	
Funding available for 2018-20	$1.46b		$1.03b		$287m	

India should increase the public spending on health to at least 5% by 2023 to improve UHC coverage by 2030. Apart from the funding from external donors including a full funded GF, India should step up its contribution to 6th wave of Global Fund replenishment to achieve SDG goal of ending three epidemics.

Elimination of HIV, TB and malaria epidemics is a dynamic process. It is difficult to achieve the 2030 goal without long term political and financial support that it requires. Advocacy is an important tool in the efforts to end these epidemics and sustain gains from the past. Communities affected by these diseases should be engaged as active partners for not only identifying priorities but to also shape the programmes.

---

[19] *https://cerf.un.org/sites/default/files/resources/Global%20Fund%20Investment%20Case%202017-20192.pdf*

[20] *https://unfoundation.org/blog/post/stepping-up-the-fight-against-aids-tuberculosis-and-malaria/*

[21] *National Health Accounts, funding request submitted to the Global Fund; External – country reported, OECD DAC CRS*

Encouraged and enthused by India's commitment to the cause of Health for All, and the strong affirmation by the Honourable Prime Minister of India at the Partners' Forum on 12th December 2018 to increase India's public spending on health to 2.5 percent of GDP by 2025, IWG urges the government to increase their investment in HIV, TB and malaria control and beyond. Our main asks are:

- The Government of India to increase domestic funding in health from the present 1.2% of India's GDP to 2.5%.
- Increase India's contribution to the Global Fund to 40 million USD.
- The Global Fund continue its investment in India beyond 2025.

ALLIANCEINDIA.org

India Working Group, c/o India HIV/AIDS Alliance
6 Community Centre, Zamrudpur
Kailash Colony Extension
New Delhi 110048