

COVID-19 PANDEMIC COMBINED WITH FUNDING SHORTFALLS ARE DEVASTATING EFFORTS TO END TUBERCULOSIS (TB) BY 2030

28 September 2021

In May 2020, a [modeling study](#) conducted by the Stop TB Partnership in collaboration with Imperial College, Avenir Health, Johns Hopkins University and USAID predicted that COVID-19-related measures would have a devastating impact on TB. Data from 2020 presented earlier this year showed that actual numbers were even worse than expected. New data from 2021 shows that the impact of COVID-19 on the TB response has continued to be profound, with 1.2 million fewer people expected to be diagnosed and treated for TB in 2021 when compared to 2019, implying that 2021 was a similarly devastating year as 2020 and that limited to no recovery impact was observed in TB response

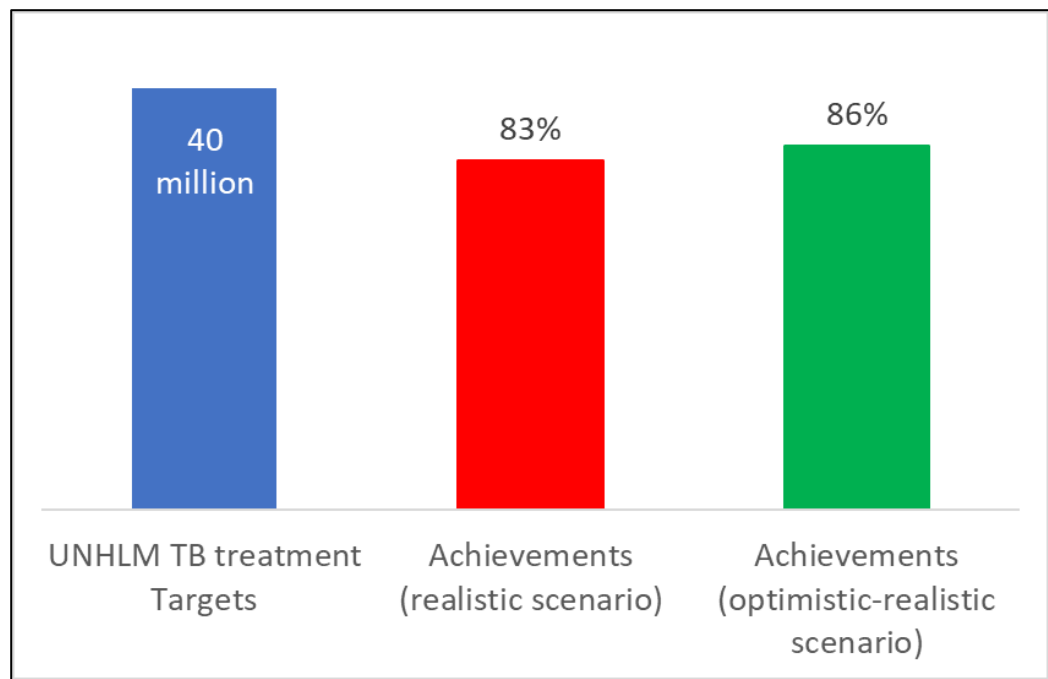
In 2018 at the United Nations High-Level Meeting on TB, world leaders committed to an [ambitious set of targets](#) to be achieved by the end of 2022. Reaching these targets would put the world on track to reaching the Sustainable Development Goal target of ending TB by 2030. With COVID-19 having devastated these efforts, getting the TB response back on track urgently requires at least doubling the current resources available for the fight against the disease combined with attention and political commitment.

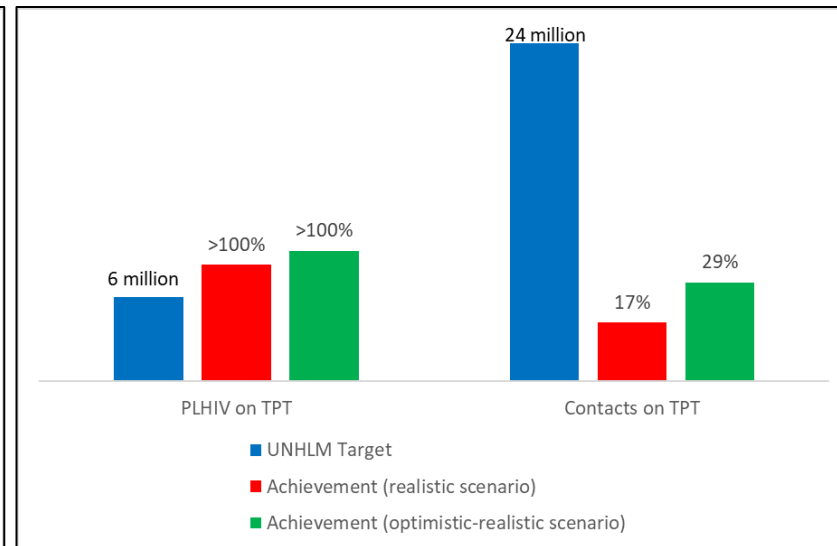
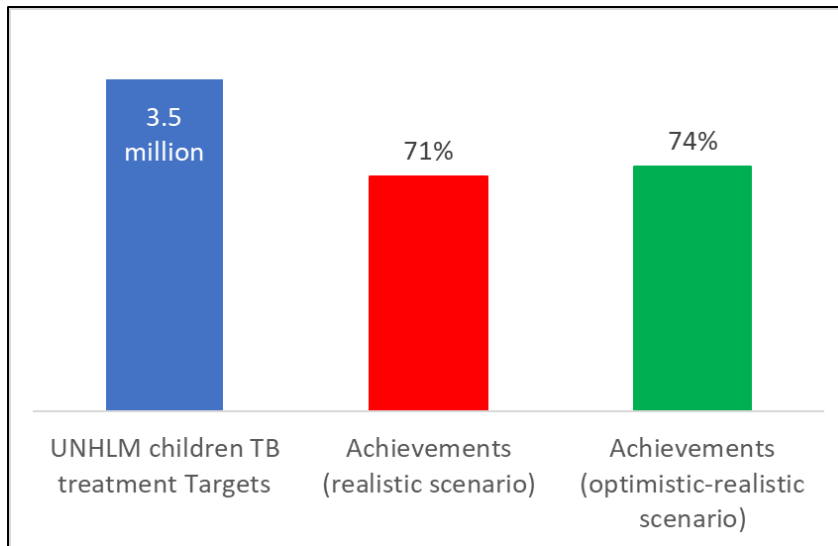
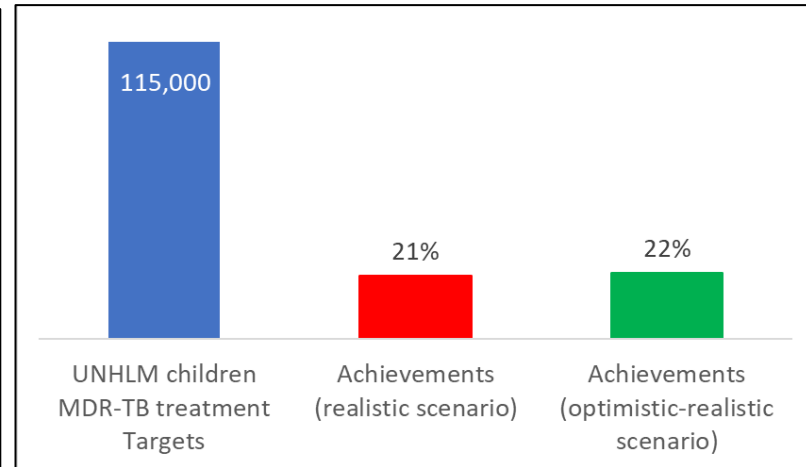
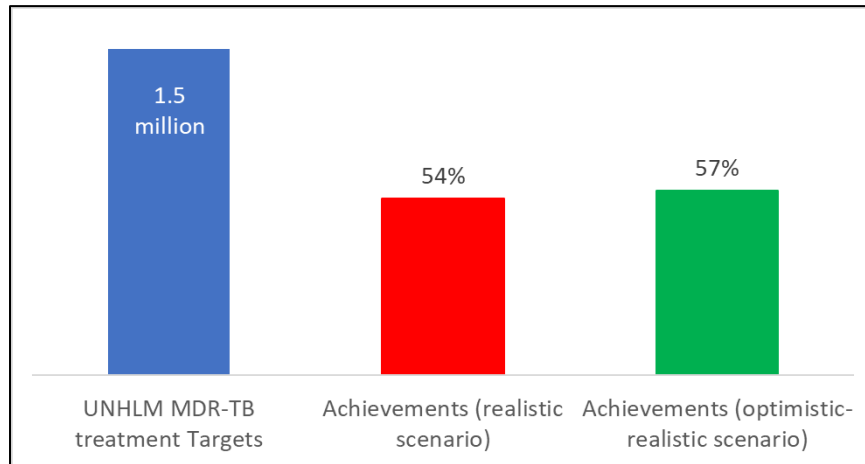
An estimated 10 million people fall ill with TB every year, but only 7.1 million received treatment in 2019. When COVID-19 struck in 2020, the virus supplanted TB as the world's most lethal infection. At the same time, it made the TB situation so much worse, resulting in millions of additional deaths due to undetected and untreated TB. In addition, most achievements we reached, including addressing stigma, rights and gender aspects, were rolled back. In 2020, communities and people affected by TB developed an accountability report that that made six calls to action including leveraging investments in COVID-19 to end the TB epidemic.

Without an aggressive, innovative, and fully funded response, the Stop TB Partnership anticipates that the world will fail to achieve the 2018 UN TB target of diagnosing and treating 40 million people with TB between 2018-2022. New estimates from the Stop TB Partnership, based on data extrapolated from 27 countries accounting for 75% of the global TB burden, show that the target will not be achieved, severely threatening the prospects of ending TB by 2030.

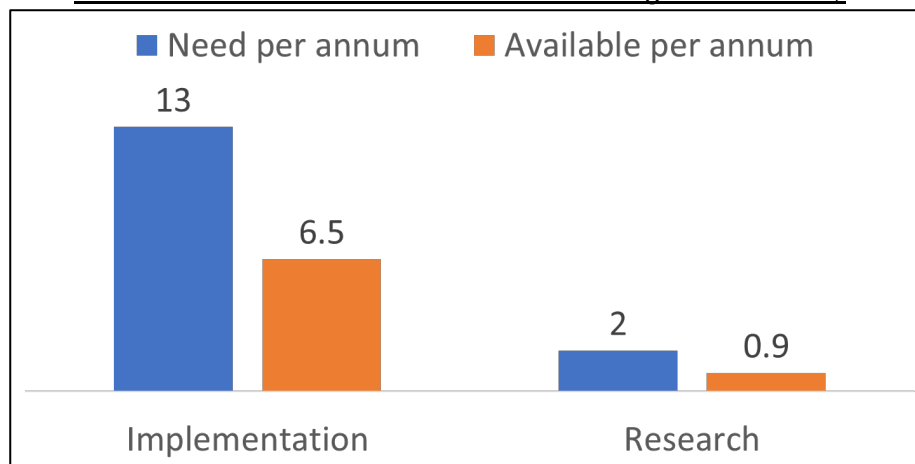
The Stop TB Partnership projections towards reaching the UN TB targets are based on actual notifications from 2018-2019, provisional notifications from 2020, projected provisional notifications from 2021, and projected recovery and rebound based on two scenarios: a "realistic scenario" and an "optimistic-realistic" scenario. The results of these projections are summarized below.

Selected UN TB Targets/commitments for the period 2018-2022	Projected achievements by end December 2022
40 million people with TB treated	83-86%
1.5 million multi-drug resistant TB treatments	54-57%
3.5 million children with TB treated	71-74%
115,000 children with multi-drug resistant TB treated	21-22%
24 million contacts of people with TB provided TB preventive treatment (TPT)	Less than 30%
6 million people living with HIV provided TPT	More than 100%
US\$13 billion per annum for TB care and prevention	45%
US\$2 billion per annum for research and development of new TB tools	46%

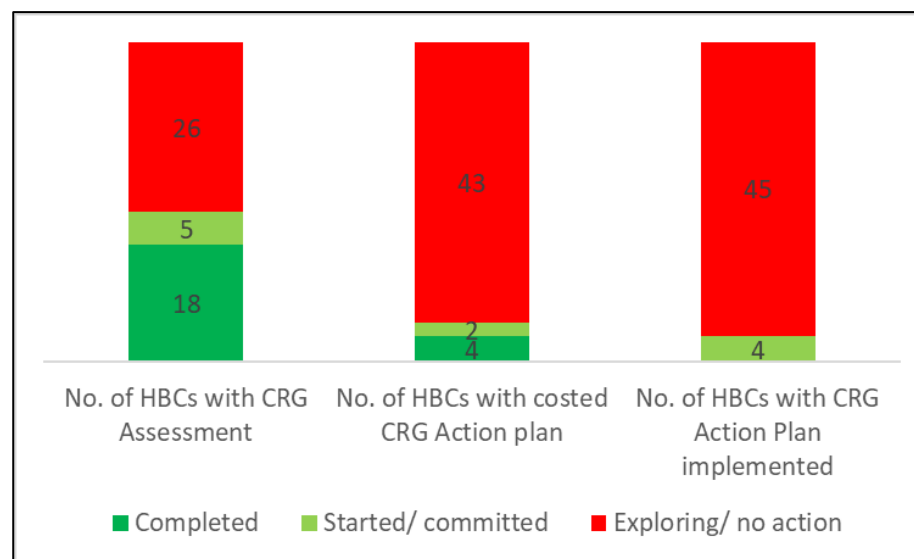




Annual resource needs and available funding for TB in US\$



The UN TB targets included commitments to end stigma and all forms of discrimination and promote equity, ethics, gender equality, human rights and social inclusion, focusing on key vulnerable groups and involving communities. The Stop TB Partnership developed a range of tools to support countries and partners to make progress on these commitments, and the TB community has called on all TB, TB/HIV and MDR TB high burden countries (HBCs) to undertake a TB communities, rights and gender (CRG) Assessment as well as develop and implement a costed national TB CRG Action Plan by 2023. Still, among the 49 HBCs, only 18 (37%) completed CRG assessments. Only 4 (8%) developed a costed action plan and are now implementing it to transform their TB response into equitable, rights-based, gender-transformative and people-centered response. The target that all 49 HBCs complete an assessment, develop a costed plan and implement it will be challenging to meet without the needed additional funding.



Lack of funding is a major reason for not achieving most of the UN TB targets. Only US\$6.5 billion per annum is available for TB prevention and care globally, which is half of the commitment made at the UNHLM on TB in 2018. And only \$900 million out of the \$2 billion promised to develop new tools has been provided. Lack of funding has particularly been a barrier in modernizing TB diagnostics, improving access to rapid molecular tests and scaling up active TB case finding, all of which are critical for identifying and putting more people on treatment. Lack of funding refrained countries from prioritizing TB preventive therapy for contacts of people with TB and implementing meaningful and comprehensive packages to address Communities, Rights and Gender components of TB programmes..

In this context, the Stop TB Partnership calls on countries governments to increase their budgetary allocation to TB response and for donor countries to consider bilateral support for countries with huge financial needs and gaps in saving lives of people with TB. As the main external donor for TB, the Global Fund to Fight AIDS, Tuberculosis and Malaria needs to allocate substantially more resources to TB, much more than the current allocation of a meagre 18% of its resources to TB.

As a result of not meeting the 2018-2022 UN TB targets, the charge to end TB will be further off-track, and ending TB by 2030 now becomes much more difficult. The Stop TB Partnership calls on all partners and stakeholders to double down on the efforts to end TB: More aggressive and comprehensive approaches will be required to end TB. Now more than ever, it is critical to center people with TB in the response, address stigma and discrimination, build social justice, and develop new diagnostics, digital technologies, treatments, and vaccines.

