Despite the COVID-19 pandemic hitting TB responses hard, the work of community leaders — backed by combined TB and COVID-19 funding — has made for a remarkable comeback. Data shows that 2022 was the best year in history in terms of the number of people receiving quality TB diagnosis and treatment.\(^1\) People treated for TB decreased from 5.8 million in 2019 to 4.7 million in 2020 during the pandemic, only to rebound to 6.6 million in 2022.\(^2\) But that progress is now at serious risk.

At this very moment, countries are applying for funding from the Global Fund’s Grant Cycle 7 (GC7). Of the US$15.7 billion raised at the Global Fund’s 2022 pledging conference, $2.442 billion is set to go to TB efforts over the next three years through country grants and matching funds.\(^3\) While this is a $154.2 million increase over the last round of funding, it still comes nowhere near to covering the tremendous need.\(^4\)

Countries have started submitting their national three-year plans, and it is already clear that they are developing some of the most ambitious plans in history. However, financing gaps are glaring. The cost of virtually all country plans is well above the money available to fund them.

Applications to the Global Fund come in windows, with a total of 92 countries eligible for TB funding for the next three-year period. In the first two windows of submissions — just 63 countries — the gap between expressed need and available funding was already well over $1.1 billion.\(^5\) This list of countries did not even include some of the countries with the biggest burdens of TB. This disparity is for plans that already exist and are awaiting the funds to make them possible and is not based on long-term modeling or theory. With 29 countries to go, this TB gap will only grow, on top of gaps in funding for HIV and malaria.

### A Different Kind of Gap

**Increased level of ambition:** The current level of ambition of TB programs is unprecedented. As just one measure, virtually every country applying to the Global Fund right now has plans to move people with TB to the newest WHO-recommended treatment regimens. By comparison, bedaquiline, the last major breakthrough before now, took more than five years to reach many places.\(^6\)

**Increased speed in utilizing funds:** Countries are using every penny they get. The rates of “absorption” — or the speed of spending allocated funds — are the highest they have ever been.

**Higher costs for new treatments and tools:** The latest tests and treatments are huge advances for people with TB, but they also come with higher costs. It is promising that countries are prioritizing the use of these improved tools, but doing so squeezes budgets even further for the essential community-level responses and the focus on human rights, gender, and stigma that are key to successfully ending TB.
What happens if these funding gaps aren’t filled?

01 Risk losing the historic progress of the last two years and throwing away fully budgeted and vetted workplans that would drive rapid, lifesaving results.

02 Undercut what the Global Fund has described as countries’ historic level of ambition and readiness to deploy resources to quality TB programming.

03 Slow down the adoption of promising new tools that could rapidly accelerate progress towards TB elimination targets.

04 Pass up the chance to leverage the TB response to advance equitable pandemic preparedness.

05 Set up the outcome of the 2023 United Nations High-Level Meeting (UNHLM) on TB to be a failure, with targets that cannot be reached because the resources are not there to deliver them.

Case Study | What these gaps mean:

NIGERIA SHOWS THEY’RE READY TO MAKE RAPID GAINS — BUT THE FUNDS AREN’T THERE TO MATCH THEIR AMBITION.

Nigeria is just one of the 63 countries applying for funding from the Global Fund in the first three rounds, which together have expressed a funding gap of more than $1.1 billion. Further analysis and verification is being conducted but the main gaps are in diagnostics, especially the individual cartridges needed to run tests.7

Nigeria’s current plan is to frontload Global Fund money in the first two years, but as a result, financing for diagnostics falls off a cliff in year three of the grant period. This means it will no longer be able to buy cartridges to actually run TB tests. This would be a very alarming reality in a country like Nigeria that has made such rapid progress. A significant increase in the number of health facilities across the country with TB services, including having more rapid molecular diagnostics testing machines, has resulted in Nigeria sharply increasing their total number of people with TB found. Between 2019 and 2022, Nigeria’s “total TB cases notified” more than doubled.8

Thousands of people finally, for the first time, live in communities equipped with a TB clinic with trained staff and cutting-edge testing machines — but all of this is in jeopardy. Those machines will sit dormant and people will go untested and untreated for lack of modest levels of additional funding.
A strong TB response is strong pandemic prevention, preparedness and response

TB program resources and expertise were heavily relied upon to rapidly respond to the COVID-19 pandemic. Because TB is an airborne respiratory infection, TB programs had the knowledge and infrastructure to deploy measures needed to curb COVID-19, including masking, contact tracing, respiratory care, social distancing, and ventilation. For example, a global survey looking at the impact of COVID-19 on the TB epidemic revealed that the majority of participants who were TB policy and program officers were reassigned to respond to COVID-19. Likewise, 73 percent of TB researchers surveyed around the world said they were redirected to work on COVID-19–related projects, and about half of all TB frontline healthcare workers said that they or their colleagues were repeatedly reassigned from usual TB work to respond to COVID-19.9

TB is the leading infectious disease killer in the world, so investing in the TB response is not only a good buy to save lives and advance health equity today but also to prepare for the next pandemic, which is very likely to be airborne. Making investments to strengthen the infrastructure and capacity of TB programs will ultimately help in developing surge capacity to fight any new airborne infection of pandemic potential. Similarly, investments in COVID-19 can be leveraged to drive impact for TB. In the same global survey, 60 percent of TB researchers noted that the COVID-19–related research projects they were working on could be repurposed for TB. More generally, we know that strengthening laboratory capacity; ensuring access to quality diagnostic tools; ensuring the availability of essential TB medications; and building primary healthcare systems and workforce, including community health workers, are effective means of strengthening health systems.

The Global Fund invested more than $400 million10 from its COVID-19 Response Mechanism (C19RM) to mitigate the impact of the pandemic on TB programs through adaptations and innovations, as well as supporting integrated testing solutions to service both diseases. Nigeria was the top recipient of C19RM resources for TB mitigation and integrated testing, which helped spur the kind of remarkable progress noted above. In total, the country was awarded $75.6 million, of which $27.5 million was spent on integrated screening (Digital X-rays/AI), $13.2 million on integrated testing equipment, $33.3 million on TB testing consumables, and the remaining $1.6 million on other TB mitigation activities.11 The results were impressive. In two years, TB notifications in the country increased from 138,000 in 2020 to 285,000 in 2022.12

This initial gap of more than $1.1 billion isn’t based on long-term modeling or theory. It is for plans that already exist and are ready to implement, just waiting for the funds to make them possible.
Countries are eager and ready to rapidly adopt new game-changing tools

The pipeline for new TB products and innovations is promising; however, the speed of introduction, scale-up, and in-country transition of technology and tools can limit the gains. Without full funding and technical assistance support, the global TB response risks needlessly slowing the adoption of promising new tools that could otherwise rapidly accelerate progress towards TB elimination targets. Take, for example, the new WHO-recommended regimen for treating drug-resistant TB (DR-TB), a combination of bedaquiline, pretomanid, linezolid, and moxifloxacin (BPaL/M). In comparison to old DR-TB treatments, BPaL/M is more effective, less toxic, and has a significantly shorter treatment duration and lower pill burden. It is a game changer for people with DR-TB and national TB programs alike.

Perhaps because of its cost saving features and ability to improve quality of life, most countries (15 of 19) from window one had a costed plan to move people with DR-TB to the new regimen within one year of the WHO recommendations being released (December 2022). In the words of seasoned supporters of rolling out new regimens, including the Global Drug Facility, the speed of this transition to BPaL/M is unprecedented. In contrast to the rapid uptake of the latest new anti-TB drug pretomanid, (part of the BPaL/M regimen), it typically takes nine years to secure access for all. Failing to seize the ambition and interest of countries to roll out new tools like BPaL/M now would be a massive missed opportunity for people with DR-TB and for the world. The need to transition to new, effective short-course regimens to improve treatment outcomes and mitigate the risk of DR-TB is well known and supported by WHO, the Global Fund, and the Stop TB Partnership. The global community must deliver on this lifesaving opportunity.
Without the resources needed to make good on commitments, the 2023 UN High-Level Meeting on TB targets are set to fail

TB has long been the world’s deadliest, yet neglected infectious disease. Building on the second ever UNHLM on TB in 2023, world leaders and partners in the global TB response took the opportunity to recommit the resources and political will needed to get on track to end TB by 2030. Unfortunately, while commitments to action laid out in the 2023 Political Declaration on TB are laudable, hope for achieving the 2030 target is sparse as the world is already severely off track, and the 2023 UNHLM on TB committed member states to new targets without the necessary financial backing needed for success. However, with great conviction, the Global Plan to End TB 2023–2030 says that it is still possible to meet the Sustainable Development Goals targets to eliminate TB by 2030. An immediate opportunity for impact lies in leveraging a time-sensitive coalescence of factors that includes COVID-19 investments and strengthened country capacity, as well as ambition, to respond to respiratory infectious diseases.

The 2023 UNHLM on TB is a critical opportunity to recommit to the fight to end TB. To not seize the HLM commitments, nor coalescence around timely advances for impact in the fight against TB, would be a devastating missed opportunity.

Performance against the 2018 UNHLM on TB targets was poor, and only 1 out of 9 numerical targets are currently on track. Alarming, the only annual figure that is on track is the number of rapid molecular tests needed. Without additional funding, hope for turning the new commitments from the 2023 UNHLM on TB into reality is low. These financial gaps listed are from GC7 applications and, therefore, do not yet factor in commitments from the 2023 UNHLM on TB.
In the current context of constrained domestic budgets following the economic impact of the pandemic, external funding for TB needs to be increased. Yet global spending on essential TB services is on the decline, and, year after year, less than half of the global financing target of $13 billion per annum has been met since it was set at the 2018 UNHLM on TB. According to the Stop TB Partnership, if the status quo of inaction and lack of investment were to continue from 2023 through 2030, an additional 43 million people would develop TB, leading to 6.6 million additional TB deaths and a global economic cost of $1 trillion.18 External donors can and must do more to help sustain remarkable country ambition and post-pandemic progress.

The Global Fund, which is the leading international financing mechanism for TB, plays a critical role in the fight. The Global Fund contributes 76 percent of all funding for TB, played a key role in the global mitigation and response to the COVID-19 pandemic, and does not shy away from being innovative in leveraging its dollars to catalyze significant additional funding for the cause.19 Despite the promising work the Global Fund is doing alongside countries, there remains an urgent need to ramp up funding from other sources for national TB programs.

Countries have the ambition, energy, capability, and focus to make rapid progress towards TB elimination targets. If the money does not show up to match, there are many real risks to the health of people and communities. Countries have shovel-ready plans for GC7 that they are capable of implementing right now, but the funding is missing. Country leaders, donors, development banks, and global health institutions all can — and must — do more.

YOU CAN BRIDGE THE GAPS.
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14 Ibid.
18 Stop TB Partnership, Global Plan to End Tuberculosis 2023–2030, 14.

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