TUBERCULOSIS – NEVER A PRIORITY, ALWAYS A KILLER

For years, despite being the leading infectious disease killer in the world, tuberculosis (TB) has been an "orphan disease"—never a political priority and never high up on funding agendas for individual nations or international organizations. Given the current epidemiological situation and the present levels of TB funding, the world will not reach the UNHLM targets—or the 2030 Sustainable Development Goals (SDGs) targets—to end TB.

Years of chronic neglect have led to an unbearable situation in which TB is allowed to spread and kill, and is:

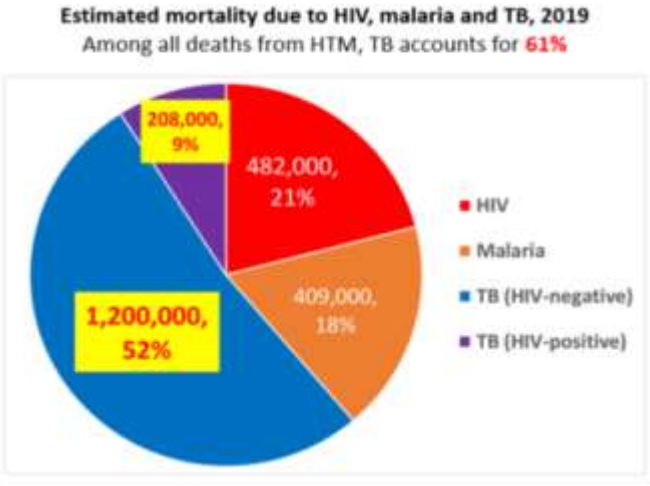
- currently infecting a quarter of the world's population— about 2 billion people;
- the agent responsible for 61% of the combined deaths from TB, HIV and malaria in Global Fund eligible countries; and,
- transmitted from person to person through the air, creating a snowball effect given that one person with TB can infect, on average, 15 other people over a year.

TB is curable and TB interventions are some of the most cost effective of all public health interventions—every US$1 invested in TB prevention and care yields US$46 in economic productivity. Despite this obvious benefit, the effort to defeat the TB pandemic lacks:

- **Funding.** Globally, less than half of the funding needed for a robust and successful TB response has been provided. Major donors, national governments of high burden countries need to invest more to meet the strategy. Furthermore, the biggest external donor to TB programs —the Global Fund—only allocates 18% of its resources for TB even though TB causes almost two thirds of deaths among those served by the Global Fund.
- **New tools and their rapid introduction** to prevent, diagnose and treat the disease.
- Pandemic Preparedness **risk mitigation**. As long as TB is prevalent globally, lung health is at risk and will continue to weaken global health efforts as other respiratory pandemics manifest. It will also continue to undermine other health initiatives if not adequately addressed.

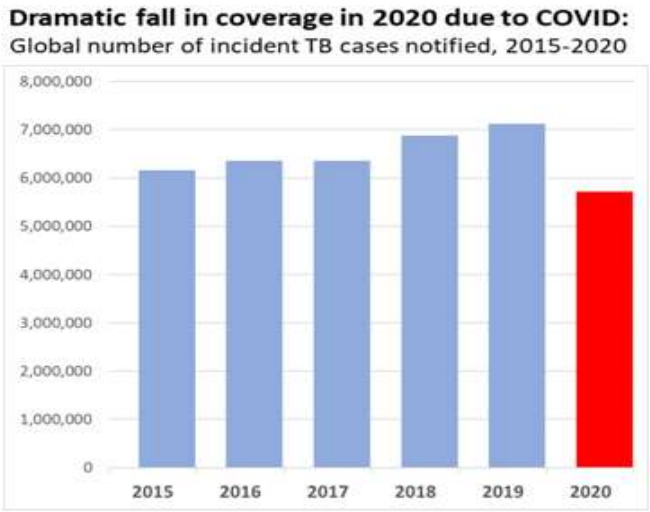
COVID-19 accelerated the tuberculosis pandemic with tragic, under-reported consequences

Before the COVID-19 pandemic began—less than a year and a half ago—TB was firmly entrenched as the world's most lethal infectious disease. In 2019, 1.4 million people died from TB, more than HIV/AIDS (700,000 deaths in 2019) and malaria (410,000 deaths) combined.



An estimated 10 million people fell ill with TB that year and every before then, but only 7.1 million received treatment. Then, in 2020, COVID-19 struck. The virus quickly supplanted TB as the world's most lethal infection and also made the TB situation so much worse. The World Health Organization (WHO) estimates that up to 2 million people may have died from TB in 2020—30% more than in 2019; exact numbers may never be known because health surveillance efforts plummeted during the year.

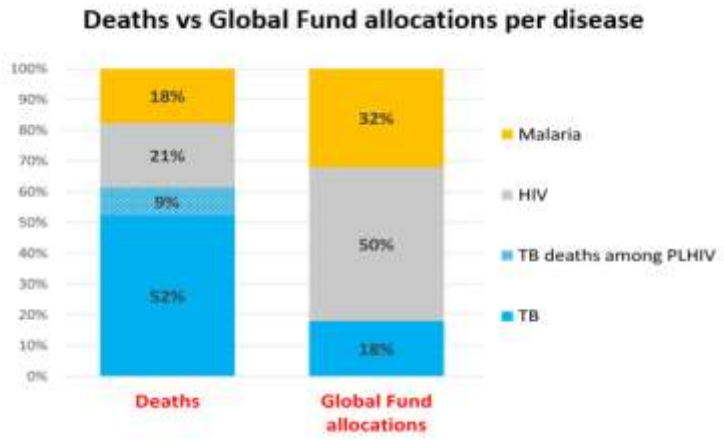
An estimated 5.7 million people received treatment for TB in 2020, a drop of 21% from the previous year—leaving an estimated 4.3 million people with untreated TB and spelling all but certain death for probably half that number. In 2019, only 28% of people diagnosed with TB were provided a WHO-recommended diagnostic test. An estimated 56% of children with TB and 65% of people with multi-drug-resistant TB (MDR-TB) had no access to appropriate diagnosis and treatment services. This is a terrifying situation given that undiagnosed and untreated people can transmit the disease throughout their households and the Global Fund Risk Assessment Report—and yet the pandemic continues unabated in most high-burden TB countries, resulting in preventable continuing morbidity and mortality.



During its last replenishment the Global Fund presented a US$17.8 billion funding gap out of which TB accounted for US$10 billion. In 2019, only US$6.5 billion was available for the TB response globally, less than half of the commitments made at the 2018 United Nations High Level Meeting (UNHLM) on TB. **Seven out of every eight dollars** in domestic resources for TB diagnosis and treatment **come from the BRICS countries**—Brazil, Russia, India, China, and South Africa.

Low-and middle-income countries (LMICs) remain heavily dependent on the Global Fund for TB services. In low income countries, the total funding available for TB response in 2019 from all sources (domestic Global Fund and other donors) was $900 million for TB versus 4 billion for malaria and 8.4 billion for HIV.

Funding requirements are significantly higher now due to the impact of COVID-19 on the TB diagnosis and treatment: US$14 billion in funding is needed for Global Fund eligible countries in 2021.



Investments in the TB response should figure into any response to airborne infection pandemics and must include:

- The rollout of new diagnostic tools for TB and drug-resistant TB that are faster, simpler, and work better, along with widespread access to these tools, especially in the impoverished regions that are hardest hit by TB.
- Support for real-time TB data systems to enable TB programs to be truly data-driven, agile, and responsive.
- The rollout and scale-up of new and shorter treatment regimens that are less toxic and that work just as well against drug-resistant strains that continue to spread rapidly.
- Contact tracing efforts that prevent one TB infection from spreading to family members, friends, colleagues, and others.
- Efforts to reach everyone at risk for TB with preventive therapy, taking advantage of new developments in diagnosis and treatment for latent TB infection.
- Decreased exposure of people at risk for TB to factors that make them more vulnerable to TB infections and active TB disease, especially those in impoverished regions.
- The development and mobilization of community networks that facilitate TB diagnosis and treatment, including contact tracing initiatives, provide emotional, family, and mental health support for TB patients and TB survivors, as well as tackle TB stigma and fears.
- Support to the rollout of an effective new TB vaccine.

To achieve this and meet the SDGs target of ending TB by 2030, TB funding must be increased—both domestically and from external sources.

To avoid further setbacks to the TB response, recover from losses experienced over the past year, and ensure that the Global Fund's allocations are in line with TB's share of disease burden and deaths, the Global Fund's financial contribution for TB- dollar figure - must be tripled.