

Increased risk level for TB grants  
**Urgent TB Funding Need to fill essential commodities gaps 2025/2026**

TB programs in most TB high burden countries (HBC) increased their efforts and ambition, scaled up their interventions and coverage, performed very well and most are meeting their case finding targets – a first ever in history of TB response.

These same countries are in probably the worst situation ever, facing dire shortages of essential commodities - namely TB diagnostic cartridges and TB medicines - that will jeopardize all of the progress made so far.

Aside from rolling back all achievements gained so far at risk, these acute shortages of TB cartridges and medicines **could interrupt essential programming as early as January 2025**.

**Countries with Urgent Needs**

Sixty-six countries will face shortages.

10 of them - Bangladesh, DRC, Ghana, India, Indonesia, Mozambique, Nigeria, Pakistan, Uganda and Vietnam- have the most urgent needs. Collectively, these 10 countries represent 45% of the total TB burden globally and 48% of the TB burden in GF eligible countries.

The funding deficit as per the unmet quality demand for GC7 for these countries amount to \$646 million (Table 1).

The deficit in essential commodities in these ten countries will not only impair progress towards the targets outlined in each country's Global Fund grant, it will obviously have a global impact on the reduction of avoidable TB deaths and efforts to end TB as a public health threat.

**Table 1: Top 10 countries with largest funding gap for TB in GC7 UQD Register\***

Country	Remaining Unmet Quality Demand
Indonesia	\$146 million
India	\$103 million
Nigeria	\$85.4 million
Uganda	\$69 million
Bangladesh	\$69 million
Pakistan	\$56.5 million
Democratic Republic of Congo	\$37.9 million
Vietnam	\$33.5 million

\* Some countries have projected shortages in essential commodities as early as Year 2 (January 2025 - December 2025) of the Global Fund grant and others have deficits for Year 3 (January 2026 - December 2026).

Mozambique	\$24 million
Ghana	\$21.8 million
<b>Total</b>	<b>\$646 million</b>

The analysis of GF grants in six countries most affected by this shortfall in this funding cycle (see below Table 2) shows that 70% of their GF above allocation requests are for critical essential diagnostics - mainly cartridges (65%) and essential first- and second-line drugs (35%). The shortfall amounts to over 13 million tests for TB not being carried out in these 6 countries.

30% of this shortfall arrives in 2025 and 70% in 2026. The same pattern of diagnostic and essential drug shortfall is also seen in other TB grants indicating a growing diagnostic and treatment crisis for the TB portfolio.

**Table 2: Critical Funding Gap for TB diagnostics and Drugs for 6 high TB burden countries**

Country	Total GC7 TB Allocation ( post program split)	Total UQD funding gap	Intervention type	2024	2025	2026	Over critical funding gap
Bangladesh	120.8M	69M	TB Cartridges	118,341	6,108,570	6,762,143	12,989,054
			TPT for all ages	1,225,944	2,966,796	2,965,356	7,158,096
Nigeria	146M	85.4M	TB Cartridges	4,553,969	24,019,015	62,855,025	91,428,010
			First Line Drugs	3,683,540	18,009,319	34,928,983	49,254,763
			Second Line Drugs	1,112,421.95	2,147,322.74	3,113,187	4,148,088
Uganda	66.3M	69M	TPT	2,286,811	2,611,409	4,898,220	9,796,440
			Others: TB LAM	524,268	328,741	967,078	1,820,087
			First Line Drugs	-	-	2,033,842	2,033,842
			Molecular equipment	-	-	11,690,940	11,690,940
Pakistan	181.6M	56.5M	TB Cartridges	-	-	9,850,925	9,850,925
			Second Line Drugs	-	1,796,663	1,796,663	3,593,326
			Molecular equipment	-	1,726,600	-	1,726,600
Mozambique	52.2M	24M	TB Cartridges	-	-	12,032,810	12,032,810
			Molecular equipment	-	973,627	-	973,627
			TB Cartridges	-	-	4,047,281	4,047,281
Ghana	18.2M	21.8M	First Line Drugs	-	-	467,241	467,241
			Second Line Drugs	-	-	203,393	203,393
<b>Total</b>	<b>684M</b>	<b>363M</b>		<b>11,218,484</b>	<b>59,238,562</b>	<b>154,898,827</b>	<b>215,763,951</b>

There are 1.2 million TB deaths in Global Fund supported countries each year.

2/3 of the TB deaths in Global Fund-supported countries come from TB that is not diagnosed. The lowest hanging fruit and a cost-effective way to reducing premature, avoidable deaths comes from resourcing TB diagnosis and treatment.

Moreover, DR TB is a major AMR component. A substantial number of deaths caused by antimicrobial infections today are due to drug-resistant TB. TB diagnosis with molecular diagnostics over recent years has been substantially decreasing the pool of antimicrobial drug resistance and reduced morbidity and transmission.

Unfortunately, we are all aware that countries are contemplating returning to the old and cheaper option —smear microscopy—as a result of the current funding crisis. This goes against WHO recommendations and would be a major setback for TB and DR TB and a major setback for AMR globally.

This funding crisis is a result of the success of the TB programmes and the failure of securing funding to underpin and maintain this success.

The next pandemic is likely to be air borne. Investment in TB screening and contact tracing infrastructure is an investment in pandemic preparedness, and any funding for pandemic preparedness should be integrated with funding for TB case finding contact tracing and prevention.

### **Recommendations**

We are faced with a dramatic situation in which as soon as this autumn we have to advise country programmes on what to do considering the lack of resources.

As responsible partners, we are sharing this analysis to you all in order to:

1. Ensure full awareness on dramatic situation surrounding the TB response in these TB HBC countries programmes;
2. Request that the risk level of the TB response is increased in the GF risk register
3. Request a discussion at the AFC and SC level on this situation and potential options;
4. We ask that in the current Global Fund cycle funding reprogramming and portfolio optimization considers these concerning gaps for TB; and
5. Organize joined meetings/calls with the health and financial leadership of the ten HBC from the above to share the situation, discuss potential options and approaches.