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There has been significant progress over the past two decades; access to quality TB care has expanded substantially. International donor funding is critical to sustain gains and accelerate impact.

WHO estimates that if the funding gap is filled, it could enable full treatment for 17 million TB and MDR-TB patients and save 6 million lives over the next three years.

INTERNATIONAL FUNDING GAPS BY REGION PER YEAR

Over 58% of the estimated US$ 1.6 billion need for donor financing is for WHO’s African Region. The gaps for other WHO regions are: 12% in the European Region, 9% in Western-Pacific Region, 10% in Eastern-Mediterranean Region, 9% in South-East Asia Region, and 2% in the Region of the Americas.

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**Priority Areas for Investment: 2014-16**

**In 118 Low and Middle Income Countries Eligible for Global Fund Support**

<table>
<thead>
<tr>
<th>Area</th>
<th>Total Need Each Year</th>
<th>Funding Available for 2011</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expanded diagnosis and effective treatment for drug-susceptible TB</td>
<td>US$ 2.6 billion</td>
<td>US$ 2 billion</td>
<td>In low-income countries, especially in Africa, this is the largest area for increased financing. Investments in basic TB care will prevent the rise of drug resistance.</td>
</tr>
<tr>
<td>MDR-TB treatment</td>
<td>US$ 1.3 billion</td>
<td>US$ 0.5 billion</td>
<td>This is where the greatest increase in funding is needed in the coming years.</td>
</tr>
<tr>
<td>Rapid diagnostics and associated laboratory strengthening</td>
<td>US$ 0.6 billion</td>
<td>Not available</td>
<td>Funding available for 2011 is not known, but uptake of rapid diagnostics at that time was limited.</td>
</tr>
<tr>
<td>TB/HIV collaborative activities (excluding ARVs)</td>
<td>US$ 0.3 billion</td>
<td>US$ 0.1 billion</td>
<td>This excludes antiretroviral treatment for TB patients living with HIV, which is financed by HIV programmes and their donors.</td>
</tr>
<tr>
<td>Research and development</td>
<td>US$ 2 billion</td>
<td>US$ 0.6 billion</td>
<td>Such as development of new TB drugs, diagnostics and vaccines.</td>
</tr>
</tbody>
</table>

**Prioritizing Low Income Countries**

It is estimated that domestic funding could increase progressively especially among lower-middle income and upper-middle income countries through to 2016. With the exception of low-income countries, most countries should have the capacity to meet a large share - but not all of their TB funding requirements - through domestic sources.

For low-income countries it is expected that there will be a major need for international support.

The Global Fund in its new funding model aims to prioritize financial needs of low-income countries.

**Biggest Resource Gap: MDR-TB**

Based on current spending patterns the biggest funding gaps are projected for MDR-TB treatment.

![Graph showing increase in number of MDR-TB patients to be detected and enrolled on treatment in 7 high MDR-TB burden countries, 2014-16 in comparison to 2011](http://www.who.int/tb/data/tbfinancing_methods/)

While the number of notified cases of MDR-TB is increasing in high-burden countries, less than 20% of notified TB patients estimated to have MDR-TB are detected and treated.

If fully funded, by 2016 over 90% of TB patients estimated to have MDR-TB will be detected and provided treatment in 7 high-MDR-TB burden countries: India, Indonesia, Kazakhstan, Pakistan, Philippines, Ukraine and South Africa.

For more information on the methodology used to derive the above figures please click here: [http://www.who.int/tb/data/tbfinancing_methods/](http://www.who.int/tb/data/tbfinancing_methods/)