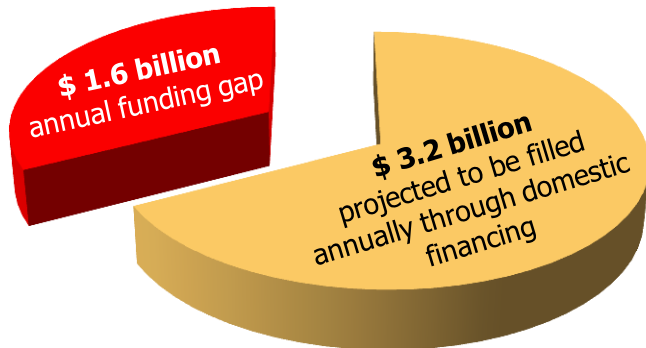


TUBERCULOSIS FINANCING AND FUNDING GAPS



IN 118 COUNTRIES ELIGIBLE FOR GLOBAL FUND SUPPORT



\$ 1.6 billion funding gap/year

in international funding required (from the Global Fund and other donors) of the \$ 4.8 billion total resources needed each year, to combat tuberculosis (TB) in 118 countries eligible for financing from the Global Fund

17 million people treated

and 6 million lives saved over three years

BRIDGING THE TB FUNDING GAP

In 2011, 8.7 million people fell ill with TB and 1.4 million people lost their lives to this communicable disease. TB ranks as the **second leading cause of death from an infectious disease worldwide**, after the human immunodeficiency virus (HIV).

The **World Health Organization (WHO)** and the **Global Fund to Fight AIDS, TB and Malaria** estimate that there is an annual **anticipated demand** for at least **US\$ 1.6 billion** in international support to bridge the funding gap over 2014-2016, in **118 low and middle income countries** which are eligible for financing from the Global Fund.

The **total resource requirements** to combat TB and multi-drug-resistant TB (MDR-TB) for these countries equals **US\$ 4.8 billion** each year.

It is projected that **domestic contributions** could cover the bulk (over 65%) of financing required for TB care and control in these 118 countries, equivalent to **US\$ 3.2 billion**. This will require that TB funding increases in line with economic growth and that there is increased political commitment especially in countries that currently underperform in comparison to their ability to pay.

This is the **first effort to estimate global TB funding requirements** for the period 2014 to 2016. WHO's estimates are based on detailed work with 9 high-burden countries in collaboration with the Global Fund and the Stop TB Partnership, to review country priorities for the next three years and estimate available funding and gaps.

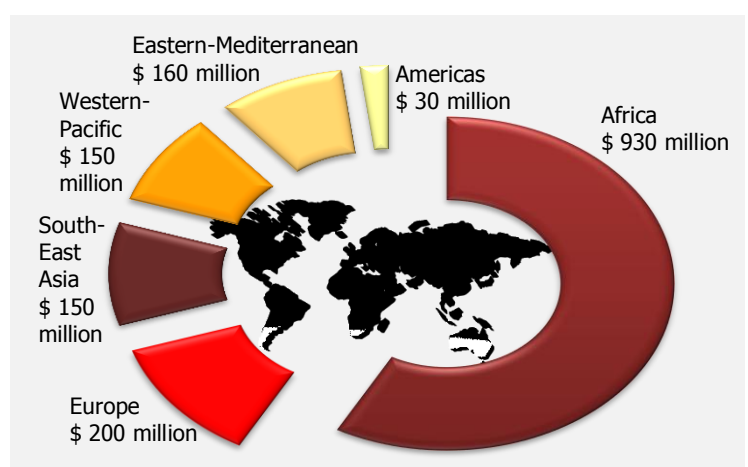
The Global Fund provides the **largest international donor** funding stream for TB efforts.

INCREASED SUPPORT NEEDED TO CONTINUE SAVING LIVES

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.

PRIORITY AREAS FOR INVESTMENT: 2014-16

IN 118 LOW AND MIDDLE INCOME COUNTRIES ELIGIBLE FOR GLOBAL FUND SUPPORT

Expanded diagnosis and effective treatment for drug-susceptible TB

- **Total need each year: US\$ 2.6 billion**
- Funding available for 2011: US\$ 2 billion
- *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*

MDR-TB treatment

- **Total need each year: US\$ 1.3 billion**
- Funding available for 2011: US\$ 0.5 billion
- *This is where the greatest increase in funding is needed in the coming years*

Rapid diagnostics and associated laboratory strengthening

- **Total need each year: US\$ 0.6 billion**
- *Funding available for 2011 is not known, but uptake of rapid diagnostics at that time was limited*

TB/HIV collaborative activities (excluding ARVs)

- **Total need each year: US\$ 0.3 billion**
- Funding available for 2011: US\$ 0.1 billion
- *This excludes antiretroviral treatment for TB patients living with HIV, which is financed by HIV programmes and their donors*

Research and development

- **Total need each year: US\$ 2 billion**
- Funding available for 2011: US\$ 0.6 billion
- *Such as development of new TB drugs, diagnostics and vaccines*

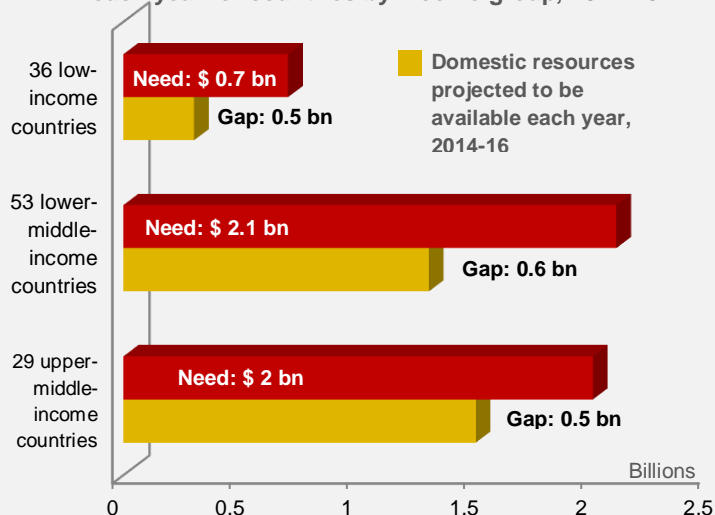
PRIORITIZING LOW INCOME COUNTRIES

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.

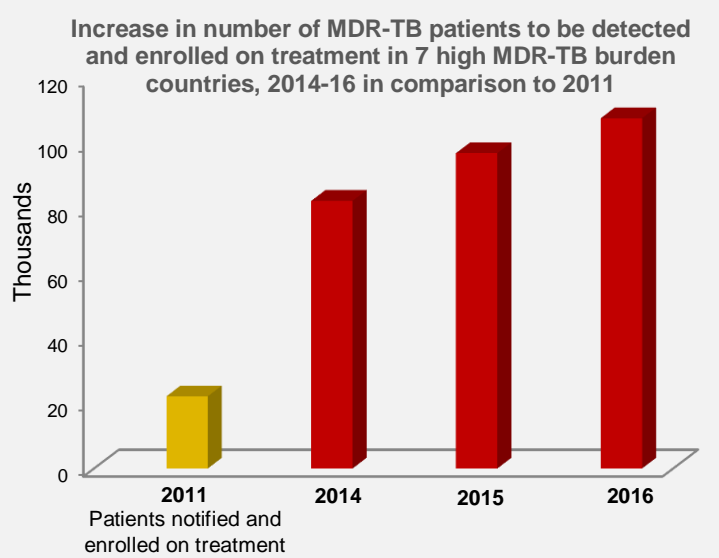
The Global Fund in its new funding model aims to prioritize financial needs of low-income countries.

Total TB resource needs and international funding gaps each year for countries by income group, 2014-16



BIGGEST RESOURCE GAP: MDR-TB

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



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.