



## In Extraordinary Times... The Power of More

**ACT!**  
ACTIVISTS' COALITION ON TB  
ASIA-PACIFIC

**Global Coalition**  
of TB Advocates

**GFAN**  
ASIA-PACIFIC

**globalTB**  
caucus

# Reinvigorate Political Commitments, Bolster Investments, Boost Partnerships & Invest in Communities to End TB

On 24<sup>th</sup> March 2024, the world commemorates World Tuberculosis (TB) Day, a preventable and curable disease detected in all countries and across all age groups. TB is the 13<sup>th</sup> leading cause of death globally, and prior to COVID-19 was the leading infectious killer in the world. For every person not diagnosed and treated for TB, 15 others will become infected.

In 2020 alone, TB has killed a total of 1.5 million people, including 214,000 People Living with HIV (PLHIV) and 1.1 million children. Six of the eight countries that account for two-thirds of total new TB cases are from Asia-Pacific – India, China, Indonesia, Philippines, Pakistan, and Bangladesh.

The Activists' Coalition on TB Asia-Pacific (ACT! AP), Global Coalition of TB Advocates (GCTA), Global Fund Advocates Network Asia-Pacific (GFAN AP), and Global TB Caucus remind world leaders of their commitment to achieve [Sustainable Development Goal \(SDG\) target 3.3](#) of ending the epidemics of AIDS, TB, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases by 2030.

“We are at a juncture that is uniquely decisive and urgent, which will decide the trajectory of the global TB response and our collective ability to end TB as an epidemic by 2030. As the global TB community (including communities and civil society, donors, technical agencies and other stakeholders) and with lessons learnt from COVID-19 and its consequences, we have the collective responsibility to guarantee that we are investing ample financial and human resources to facilitate community-centred, human rights based, and gender transformative TB responses across the world, so as to leave no one behind,” said RD Marte, Co-Chair of ACT! AP, Executive Director of APCASO and Steering Committee Member of GFAN AP.

The impact of COVID-19 on the fight against TB worldwide have been devastating. COVID-19 has impacted TB control in several ways including (1) the diversion of human and financial resources away from routine services to manage the pandemic; (2) the health service and political leadership focused on pandemic management with limited oversight and accountability of TB programmes; (3) health care personnel being required to quarantine and therefore reduction of routine services provided; and (4) stigma and fear of COVID-19 infection at healthcare facilities, discouraging people from accessing TB services. All these factors contributed towards delays in diagnosis and commencement of treatments leading to TB responses being implausibly off track.

The [Results Report 2021](#) of the Global Fund to Fight AIDS, TB and Malaria (Global Fund) which supports 77% of all international financing for TB (12% of total available resources) states that in Global Fund supported countries:

- Around one million fewer people with TB were treated in 2020 compared with 2019 because of COVID-19;
- The number of people treated for drug resistant TB (DR-TB) dropped by 19%, with those on treatment for multi-drug resistant TB (MDR-TB) registering an even bigger drop of 37% and only about one in three people with DR-TB accessed treatment in 2020; and
- The number of PLHIV TB patients on antiretroviral therapy (ART) as well as TB treatment dropped by 16%.

In 2018, the first United Nations High Level Meeting on TB (UNHLM-TB) brought together Member States who committed to mobilise at least US\$ 13 billion a year for TB prevention, diagnostics and treatment by 2022, and an additional US\$ 2 billion per year for TB research in the five-year period of 2018 – 2022. However, funding for TB prevention, diagnoses and treatment continued to fall far short of the globally estimated need.

The Stop TB Partnership's [Global Plan to End TB, 2018 – 2022](#) (Global Plan) estimated that US\$ 8.9 billion was required for TB prevention, diagnostic and treatment services in low- and middle-income countries in 2018, rising to US\$ 13.4 billion in 2020, and US\$ 15.5 billion in 2022. In 2020, global spending on TB services fell for the first time since 2006 to US\$ 5.3 billion, less than half (39%) of the estimated required amount in the Global Plan and less than

**#POWEROFMORE #BETTERTOGETHER #INVESTINGCOMMUNITIES  
#INVESTTOENDTB #ENDTB #FIGHTFORWHATCOUNTS**

half (41%) of the global target set at the UNHLM-TB. Therefore, it is vital that required investments are channelled with immediate effect for TB responses if we are to mitigate the impacts of COVID-19 on TB and keep the promise of achieving the 2030 targets.

Community responses to TB supported by strong and sustainable community systems beyond community health workers, is the key to ending TB as an epidemic. The Global Plan estimated that a total of US\$ 64.82 billion is required by 2022 for TB prevention and care to achieve the UNHLM-TB treatment targets for 2022 and to put the world back on track to end TB as an epidemic, and that 9% of these resources (US\$ 5.8 billion) should be invested in enablers including advocacy and communication, community engagement, patient support, digital technologies and private sector TB care.

Yet, sustainable and adequate investments to establish and strengthening community systems within national and global TB responses are far less than common. Investment must be coupled with strengthening community systems that enable the meaningful participation of TB-affected communities in the decision-making, implementation, and monitoring and evaluation of TB programmes.

“While COVID-19 enfeebled our national health responses and brought services to a standstill in many instances, investments in community systems supported by the Global Fund over the last two decades stepped in and ensured that those who are living with, affected by, and vulnerable to TB not only had access to life-saving TB treatment, testing and prevention services and were supported with essential items including food during the pandemic-related curfews and lockdowns. Community systems supported by adequate investments is the cornerstone of effective and sustainable TB responses,” said Meirinda Sebayang, Chairperson of Jaringan Indonesia Positif, Vice-Chair of the Indonesia Country Coordinating Mechanism, and Member of the Communities Delegation to the Stop TB Partnership Board. “We call on all donors to invest in the Global Fund for pandemic preparedness and to strengthen resilient and sustainable systems for health which prioritise participation of TB-affected communities and survivors.”

The [Seventh Replenishment of the Global Fund](#) provides a one-time opportunity to get TB responses on track to achieve 2030 targets and towards Universal Health Coverage that leaves no one behind. The [Investment Case](#) for the Seventh Replenishment calls for at least US\$ 18 billion to save 20 million lives between 2024 and 2026; reduce the mortality rate by 64% across the three diseases by 2026; avert more than 450 million infections or cases; reduce the death toll across the three diseases; catalyse scale-up of domestic investment of up to US\$ 59 billion; reinforce systems for health and pandemic preparedness; reduce inequities in health services; and yield a return on investment of US\$ 1:31.

ACT! AP, GCTA, GFAN AP and Global TB Caucus along with communities living with, affected by and/or vulnerable to TB and civil society across Asia-Pacific call upon all stakeholders including public and private donors, technical agencies, and national governments to accelerate the fight against TB with reinvigorated political commitment, bolstered investments, boosted partnerships and increased investments in communities to end TB as an epidemic as #WeFightForWhatCounts because

## *In Extraordinary Times...*

### *We are #BetterTogether with the #PowerOfMore*

The [Activists' Coalition on TB Asia-Pacific \(ACT! AP\)](#) is a regional coalition of individuals and community and civil society groups working for effective, people-centred, rights-based, and sufficiently and strategically resourced TB responses. The coalition has brought together more than 30 activists organisations and individuals around one goal: end the TB epidemic in the Asia-Pacific region. ACT! AP works to ensure that the concerns and the priorities of those affected by TB stay at the centre of the agenda in the Asia-Pacific region. ACT! AP is currently being hosted by APCASO.

The [Global Coalition of TB Advocates \(GCTA\)](#) is a global platform of people affected by TB that amplifies community engagement and strengthens the capacity of TB activists at all levels. We envision a world free of Tuberculosis and work towards making this a reality. GCTA aims to ensure accountability in global TB goals through coalition building, community-led monitoring, advocacy and capacity building.

The [Global Fund Advocates Network Asia-Pacific \(GFAN AP\)](#) is an advocacy platform of HIV, Tuberculosis and malaria community and civil society organisations in the Asia-Pacific region. GFAN AP supports advocacy for a fully resourced Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); increased and sustainable domestic resource mobilisation for health; and equitable, people-centred, human rights-based and gender transformative inclusion of HIV, Tuberculosis and malaria responses within Universal Health Coverage (UHC).

The [Global TB Caucus](#) is the world's largest independent parliamentary network with over 2,500 members from over 150 countries. The network covers 4 geographic regions: Europe and Central Asia, Africa, America, Asia-Pacific and 2 language regions - Francophone and Portuguese. Parliamentarians of the Caucus work both collectively and individually to accelerate progress and build political will in the fight against TB.

**#POWEROFMORE #BETTERTOGETHER #INVESTINGCOMMUNITIES  
#INVESTTOENDTB #ENDTB #FIGHTFORWHATCOUNTS**